

# Agenda Madison County Board of Supervisors Tuesday, June 25, 2019 at 6:00 PM County Administration Building, Auditorium 414 N Main Street, Madison, Virginia 22727

Call to Order, Pledge of Allegiance & Moment of Silence

**Determine Presence of a Quorum / Adopt Agenda** 

**Public Comment** 

**Special Appearances** 

**Constitutional Officers** 

**County Departments** 

# **Committees or Organizations**

1. Committee Membership List (No action required)

#### **Finance**

- 2. Consideration of a Motion to Adopt FY19 Encumbrances (Costello)
- 3. Consideration of a Motion to Assign FY19 Fund Balances (Costello)
- 4. Consideration of a Motion to Assign FY19 Fund Balance Monies For Desktop Replacement Costs (Costello)
- Consideration of Resolution #2019-10, having the effect of adopting certain FY20 Operating Budget Appropriations (Costello)
- <u>6.</u> Consideration of Resolution #2019-11, having the effect of adopting certain FY20 Capital Budget Appropriations (Costello)
- 7. Consideration of a Motion to Approve an Renewal of the Employee Health Insurance Contract and the associated Employee/Employer Cost Split (Costello)

#### **Minutes**

8. Consideration Motion to Approve the June 11 Meeting Minutes (Hobbs)

#### **Old Business**

#### **New Business**

- 9. Consideration of a Motion to Approve a Leave Payout for the General Registrar (Hobbs)
- <u>10.</u> Consideration of a Motion Acknowledging Fireworks Events (Jackson)
- 11. Discussion on Pending Meeting Agenda Preparation and Format Changes (Hobbs)

## **Information/Correspondence**

12. Information & Correspondence (Hobbs)

# **Public Comment**

# **Closed Session**

13. Consideration of Motions to Enter, Exit and Certify a Closed Session (Personnel, Real Estate Disposition, Contract Negotiation)

# Adjourn

1. Committee Membership List (No action required)

June 20, 2019

# Item 7a: Report on Status of Committee & Other Appointments

At this time, I have no update on the FAPT parent representative vacancy.

Thanks,

Jacqueline

		Current as of 6/20/19		
Meeting	g Times/Term	Members	Appointed	Term
				Expires
County Committees				
Board of Equalization (appointed by	circuit court)	Bill Gentry		12/31/2019
	As required / 1 year	John Quinley		12/31/2019
		Phil Brockman		12/31/2019
		Doug Fears		12/31/2019
		Kimberly Pumphrey		12/31/2019
<b>Board of Zoning Appeals</b> (appointed court)	l by circuit	Rodney Lillard		12/31/2022
	As required/5 years	E. J. Aylor, Jr.		11/9/2021
		James M. Lohr		4/17/2021
		Roger L. Clatterbuck		4/17/2021
		Douglas Coppedge		12/31/2019
Building Code Board of Appeals		John Stamp, Alternate		3/10/2021
	As required/4 years	Edward Lee Jenkins		3/10/2021
		Scott Lohr		3/10/2021
		T. Ray Lindsey		3/10/2023
		J. Daniel Crigler		3/10/2023
		Matthew Brian Utz		3/10/2023
Community Policy & Management 1	Геат	Charlotte Hoffman, Board Rep.	1/2/2019	12/31/2019
2nd Tuesday	@ 9:00 a.m. / 1 year	Lynn Blythe	1/8/2019	12/31/2019
		Martha Carroll	1/8/2019	12/31/2019
		Wade Kartchner	1/8/2019	12/31/2019
		Valerie Ward	1/8/2019	12/31/2019
		Jeanette Alexander	2/12/2019	12/31/2019
		Vassi Griffis	1/8/2019	12/31/2019
		Brenda G. Allen	3/26/2019	
		Mary Jane Costello	1/2/2019	12/31/2019
		Tiffany Woodward	1/8/2019	12/31/2019
Electoral Board (appointed by circuit	t court)	Beth Eddins		2/28/2019
		Susanna Spencer		2/29/2020

Bonita Burr

2/28/2021

Family Assessment & Planning Team	Robin Breckenridge		12/31/2019
ranning Assessment & Hanning Team	Shelly Morris		12/31/2019
	Amanda Storvick		12/31/2022
	Erica Hommel		12/31/2020
	Cari Cook		12/31/2023
	Tiffany Woodward		12/31/2019
	Vacant		,,,
Industrial Development Authority	Paul D. Utz		4/11/2022
As required/4 years	Stephen R. Hill		4/11/2022
	James C. Graves		4/11/2021
	Steve A. Grayson		4/11/2020
	Dudley M. Pattie		4/11/2020
	Maxwell E. Lacy, Jr.		4/11/2023
	Bill Price		4/11/2023
Park & Recreation Authority	Kendal Fears		12/31/2020
3rd Mon. @ 7:00 p.m. (Nov. to Feb.) & 7:30 p.m. (Mar. to Oct.)/4	Edwarren (Moonie) Frazier		12/31/2020
years	Nathan Carter		12/31/2020
	Danny Crigler	1/24/2019	12/31/2022
	David Sisson	1/24/2019	12/31/2022
	Connie Deatherage	1/24/2019	12/31/2022
	R. Clay Jackson, Board Rep.	1/2/2019	12/31/2019
	Jonathon Weakley, Board Rep.	1/2/2019	12/31/2019
Planning Commission	Nancy B. Coppedge		1/31/2022
1st & 3rd Wed. @ 7:00 p.m./4 years	Fay Utz		12/31/2020
	Mike Mosko		1/31/2020
	Charles Michael Fisher		1/31/2020
	Peter Work		1/31/2020
	Pete Elliott		1/31/2020
	Carlton Yowell	1/8/2019	1/31/2023
	Stephen Carpenter	1/8/2019	1/31/2023
	Francoise Seillier-Moisewitsch	1/8/2019	1/31/2023
Social Services Board	Tina Weaver	12/11/2018	6/30/2022
4th Tues @ 8:30 a.m./4 years	Joseph Goodall		6/30/2020
	Jerry J. Butler		6/30/2020
	Norris John		6/30/2020
	Charlotte Hoffman, Board Rep.	1/2/2019	12/31/2018
	Charles "Nick" McDowell	5/14/2019	6/30/2023

Tonning Fund Committee		P. Clay Jackson, Board Pon	1/2/2019	12/31/2019
Topping Fund Committee	nually required)/1 year	R. Clay Jackson, Board Rep.		
AS Incoded (1x dill	maany required// 1 year	Jonathon Weakley, Board Rep.	1/2/2019	12/31/2019
		Jack Hobbs	1/2/2019	12/31/2019
		Annette Dodson	1/2/2019	12/31/2019
		Greg Cave	1/2/2019	12/31/2019
Tourism Committee		Lydia Hansen	1/24/2019	12/31/2019
	Quarterly/1 year	Lynn Graves	1/24/2019	12/31/2019
		Alan Webb	1/24/2019	12/31/2019
		Janine Jenson-Oakerson	1/24/2019	12/31/2019
		Brent Lohr	1/24/2019	12/31/2019
		Tracey Gardner, Ex Officio	1/24/2019	12/31/2019
External Committees	5			
Blue Ridge Committee for Shenan Relations	doah Park	Jonathon Weakley, Board Rep.	1/2/2019	12/31/2019
2x per year [2018 meetings 5/10 & 10/4 at	10:30 @ Big Meadows Lodge]/1 year	Kevin McGhee, Board Rep.	1/2/2019	12/31/2019
		Bruce Bowman, Member	1/8/2019	12/31/2019
		James Ballard, Alternate	1/8/2019	12/31/2019
Central Virginia Economic Develop Partnership	pment	Jack Hobbs	1/2/2019	12/31/2019
2'23'18 & 6'22'18 @ 9:00 a.m. (UVA	A Research Pk. /3 years			
Central Virginia Regional Jail		Erik Weaver, Sheriff	1/2/2019	
	sday at 4:00 p.m. /1 yr.	Kevin McGhee, Board Rep.	1/2/2019	12/31/2019
		,	, ,	, , , , ,
Germanna Community College Bo	ard	Sarah Berry	7/1/2016	6/30/2020
3rd Thursday @ 4:00 p.m. Jan, Mar, N	Лау, July, Sept)/4 years	Ann Tidball	7/1/2018	6/30/2022
Madison Extension Council		R. Clay Jackson, Board Rep.	1/2/2019	12/31/2019
	rly @ 6:30 p.m. /1 year	, , , , , , , , , , , , , , , , , , , ,	, , -	, ,
Piedmont Workforce Developmer	nt Board	Amber Foster, Board Rep.	1/2/2019	12/31/2019
	1 year	Emily Dyer	1/8/2019	12/31/2019
Rapidan Service Authority		Troy Coppage	12/14/2016	12/31/2020
3rd Thurs @ 2:00 p.m. Rot	tating Counties/4 years	Steven S. Hoffman	6/24/2017	6/24/2021

Rappahannock Juvenile Detention Center Board	Nancy B. Coppedge	3/26/2019	12/31/2019
2018 - RJDC Board: 4th Monday - 3/26, 5/21, 7/23, 9/24, 11/26 (Stafford) @ 12:00 p.m.	Charlotte Hoffman, Alternate	1/2/2019	12/31/2019
2018 - Finance Committee: 4th Monday - 3/12, 5/7, 7/9, 9/10, 11/12 (Stafford) @ 10:00 a.m.	Mary Jane Costello (Finance Committee)	1/2/2019	12/31/2019
Rappahannock River Basin  Quarterly (March, May, August, October) 3rd Thurs. /1 year	Jonathon Weakley, Board Rep.	1/2/2019	12/31/2019
Rappahannock Rapidan Community Services Board	Valerie Ward	6/6/2018	12/31/2020
2nd Tues at 1:00 p.m Reg. Committee Mtg. on 4th Tues at 1:00 p.m. / 3 years	Clare Lillard	1/1/2018	12/31/2020
	Amber Foster, Board Rep.		12/31/2019
Rappahannock-Rapidan Regional Commission	Charlotte Hoffman, Board Rep.	1/2/2019	12/31/2019
4th Wed Feb-Apr-Jun-Aug-Oct-Dec/1 year	Jack Hobbs	1/2/2019	12/31/2019
Rappahannock-Rapidan Food Policy Council January then every other month at 5:30pm, usually on the third or fourth Tuesday	Brad Jarvis	1/22/2019	12/31/2019
Regional Preparedness Advisory Committee for Interoperability  Bi-monthly or as needed / 1 year	Brian Gordon	1/2/2019	12/31/2019
Skyline Community Action Partnership (CAP)  4th Monday at 6:00 PM/1 year	Jonathon Weakley, Board Rep. Peter Work	1/2/2019 1/2/2019	12/31/2019 12/31/2019
Thomas Jefferson Area Criminal Justice (OAR)  1st Wed. (Quarterly) @ 6:00 p.m Water Street Ctr. (407 E. Water St., Cville  2nd Wed. (Jan., March & May) @ 7:00 p.m. / 1 year	Kevin McGhee, Board Rep. Clarissa Berry	1/2/2019 1/2/2019	12/31/2019 12/31/2019
Thomas Jefferson EMS Council	Kevin McGhee, Board Rep.	1/2/2019	12/31/2019
1 year	Jonathon Weakley, Alternate	1/2/2019	12/31/2019
School Capital Improvement Plan Committee As needed/1 yr.	Amber Foster, Board Rep. R. Clay Jackson, Board Rep. Jack Hobbs, County Administrator	1/2/2019 1/2/2019 1/2/2019	12/31/2019 12/31/2019 12/31/2019
Shenandoah Committee  4x annually - rotating counties / 1 year	Tracey Williams Gardner Jack Hobbs	1/2/2019 1/2/2019	12/31/2019 12/31/2019

# **Board Liaison Assignments and Other Appointments**

<b>Building Code Board of Appeals Secretary</b>	Alicia Gigel	1/8/2019	12/31/2019
Director of Emergency Management	R. Clay Jackson, Board Rep.	1/2/2019	12/31/2019
Deputy Director of Emergency Management	Jack Hobbs	1/2/2019	12/31/2019
Coordinator of Emergency Management	John Sherer	1/2/2019	12/31/2019
<b>Deputy Coordinator of Emergency Management</b>	Brian Gordon	1/2/2019	12/31/2019
Historical Society Liaison	Charlotte Hoffman, Board Rep.	1/2/2019	12/31/2019
Madison County Fire Department Liaison	Amber Foster, Board Rep.	1/2/2019	12/31/2019
Madison Town Council Liaison	R. Clay Jackson, Board Rep.	1/2/2019	12/31/2019
1st Thurs. @ 7:00 p.m Planning Commission 4th Thurs. @ 7:00 p.m.	Amber Foster, Board Rep.	1/2/2019	12/31/2019
/1 year		1/2/2019	12/31/2019
Madison County School Board Liaison	Charlotte Hoffman, Board Rep.	1/2/2019	12/31/2019
2nd Monday @ 7:00 p.m. (SBO)/1 year	R. Clay Jackson, Board Rep.	1/2/2019	12/31/2019
	Barry Penn-Hollar, SB Rep.	1/17/2019	12/31/2019
	Arthur Greene, Jr., SB Rep.	1/17/2019	12/31/2019
Madison County Rescue Squad Liaison	Jonathon Weakley, Board Rep.	1/2/2019	12/31/2019
Madison County Library Board Liaison 2018 Schedule: January, March, May, July, September, November (3rd Wed.) @ 7:00 p.m.	Charlotte Hoffman, Board Rep.	1/2/2019	12/31/2019
Planning Commission Liaison 1st & 3rd Wed. @ 7:00 p.m./4 years	R. Clay Jackson, Board Rep.	1/2/2019	12/31/2019
Tourism Committee Liaison  Quarterly/1 year	Amber Foster, Board Rep.	1/8/2019	12/31/2019

3. Consideration of a Motion to Assign FY19 Fund Balances (Costello)

# Madison County Assignment of General Fund Balance by Board of Supervisors at Year-end FY19

	Actual 6/30/2018	Proposed 6/30/2019	Change	NOTES
Opening Balance Appropriation	•	1,077,182	1,077,182	Α
FY21-22 EMS Reserve		479,904	479,904	В
Capital Projects 3,000,000		2,626,522	(373,478)	С
CSA stabilization reserve 481,065		360,799	(120,266)	D
Desktop Refresh - Windows 10		50,000	50,000	Е
Office consolidation design & specifications		60,000	60,000	F
Criglersville School Repurposing Design & Specifications		25,000	25,000	F
	3,481,065	4,679,407	1,198,342	

# NOTES:

**A** Use of Fund Balance per Adopted FY20 Operating Budget; see attachment

 $\boldsymbol{B}$  As proposed at 3/28/2019 budget workshop; see attachment

**C** Assignment of GF fund balance for capital projects calculated as follows:

	Per Orig Cap	
	Budget	Projected available
Committed- CP Fund 298,811		215,616
Assigned GF Balance 2,543,327		2,626,522
	2,842,138	2,842,138
Committed - CP Fund Balance  Balance - 6/30/2018 365.444		365.444
Projected FY19 Exp - Cap (66,633)		(41,633)
,		( , ,
Projected FY19 Exp - Op		(108,195)
Estimated Balance - 6/30/2019 298,811		215,616

- **D** Discretionary reduction based on historical spending trends
- E Desktop refresh recommended by IT Consultant; NOT included in Original FY20 Budget will require supplemental appropriation
- F Items were part of FY19 of capital budget but not expended or committed; need additional\$ in FY20 budget to fund -- will require supplemental appropriation

# Madison County Analysis of EMS Budget FY19 vs FY20

Current proposed FY2020 Budget		1,795,303.61	
Revised All in FY20 Budget			
Before change in HI Proposed HI adjustment suggested reserve80%	278,564.14 23,687.10 302,251.24 241,800.99	241,800.99	in contingency
Total proposed provision for EMS FY20		2,037,104.60	
FY2019 OB		1,397,232.32	
Suggested Use of FB funding FY20		639,872.28	
Sugested reserve for EMS - FB			
FY20		639,872.28	included in contingency balance for FY19
FY21		319,936.14 }}}	
FY22		159,968.07 }}}	479,904.21
		1,119,776.49	

4. Consideration of a Motion to Assign FY19 Fund Balance Monies For Desktop Replacement Costs (Costello)

	Actual 6/30/2018	Proposed 6/30/2019	Change	NOTES
Opening Balance Appropriation	-	1,077,182	1,077,182	A
FY21-22 EMS Reserve	-	479,904	479,904	В
Capital Projects	3,000,000	2,626,522	(373,478)	С
CSA stabilization reserve	481,065	360,799	(120,266)	D
Desktop Refresh - Windows 10	•	50,000	50,000	Ε
Office consolidation design & specifications		60,000	60,000	F
Criglersville School Repurposing Design & Specifications	<u></u>	25,000	25,000	F
	3,481,065	4,679,407	1,198,342	

#### **NOTES:**

- A Use of Fund Balance per Adopted FY20 Operating Budget; see attachment
- B As proposed at 3/28/2019 budget workshop; see attachment
- C Assignment of GF fund balance for capital projects calculated as follows:

	Per Orig Cap Budget	Projected available
Committed- CP Fund	298,811	215,616
Assigned GF Balance	2,543,327	2,626,522
	2,842,138	2,842,138
Committed - CP Fund Balance		
Balance - 6/30/2018	365,444	365,444
Projected FY19 Exp - Cap	(66,633)	(41,633)
Projected FY19 Exp - Op	•	(108,195)
Estimated Balance - 6/30/2019	298,811	215,616

- D Discretionary reduction based on historical spending trends
- E Desktop refresh recommended by IT Consultant; NOT included in Original FY20 Budget will require supplemental appropriation
- F Items were part of FY19 of capital budget but not expended or committed; need additional \$ in FY20 budget to fund will require supplemental appropriation

5. Consideration of Resolution #2019-10, having the effect of adopting certain FY20 Operating Budget Appropriations (Costello)

JACK HOBBS

CHAIRMAN

R. CLAY JACKSON

VICE CHAIRMAN **AMBER FOSTER** 

MEMBERS
KEVIN MCGHEE
CHARLOTTE HOFFMAN
JONATHON R.
WEAKLEY



COUNTY ATTORNEY
SEAN D. GREGG

302 Thrift Rd PO Box 705 Madison, Virginia 22727 (540) 948-6700 Fax (540) 948-3843

# RESOLUTION # 2019-10 RESOLUTION TO APPROPRIATE THE FISCAL YEAR 2020 MADISON COUNTY OPERATING BUDGET FOR JULY 2019

WHEREAS, on May 14, 2019 the Madison County Board of Supervisors adopted an Operating Budget for Madison County for Fiscal Year 2020 in the amount of \$54,226,890; and

WHEREAS, the Fiscal Year 2020 Adopted Operating Budget includes school operations funding for the Madison County School Division equaling \$21,079,959; and

WHEREAS, the Board of Supervisors is required to appropriate for actual expenditure the Fiscal Year 2020 Adopted Operating Budget;

WHEREAS, 15.2-2506 and \$22.1-94 of the Code of Virginia indicate that the Board of Supervisors may make annual, semiannual, quarterly, or monthly appropriations for contemplated expenditures: and

WHEREAS, the Board of Supervisors desires to make a semiannual appropriation for school-related operational expenditures and an annual appropriation for all other operational expenditures;

NOW, THEREFORE, BE IT RESOLVED on this 25<sup>th</sup> day of June, 2019, that the Madison County Board of Supervisors hereby appropriates the Fiscal Year 2020 Adopted Operating Budget for July 2019 in the amounts specified for each department and category contained in said budget; with such appropriations summarized below:

General Operations	\$ 20,257,099
School – Instruction	7,760,389
School – Admin, Attend, & Health	589,992
School – Pupil Transportation	742,977
School – Operations & Maintenance	1,092,105
School – Technology	324,238
School – Non-Instructional General Oper.	30,277
School Food Services	885,000
Social Services (VPA)	2,997,564
Children's Services Act (CSA)	2,750,000

County Debt Service			1,437,408		
Transient Occupancy Tax Fund			105,000		
Total Operating Appr	Total Operating Appropriations		38,972,049		
Adopted this 25 <sup>th</sup> day Supervisor			-		
R. Clay Jackson, Cha Madison County Boa					
Attest:	Jack H	lobbs, Clerk or	f the Board		
	Aye	Nay	Abstain	Absent	
R. Clay Jackson				_	
Jonathon Weakley				_	
Kevin McGhee					
Charlotte Hoffman		_			
Amber Foster					

6. Consideration of Resolution #2019-11, having the effect of adopting certain FY20 Capital Budget Appropriations (Costello)

CHAIRMAN
R. CLAY JACKSON

VICE CHAIRMAN **AMBER FOSTER** 

MEMBERS
KEVIN MCGHEE
CHARLOTTE HOFFMAN
JONATHON R. WEAKLEY

**General Operations** 



COUNTY ATTORNEY
SEAN D. GREGG

302 Thrift Rd PO Box 705 Madison, Virginia 22727 (540) 948-6700 Fax (540) 948-3843

# RESOLUTION # 2019-11 RESOLUTION TO APPROPRIATE THE FISCAL YEAR 2020 MADISON COUNTY CAPITAL BUDGET FOR JULY 2019

WHEREAS, on May 14, 2019 the Madison County Board of Supervisors adopted a Capital Budget for Madison County for Fiscal Year 2020 in the amount of \$5,575,682; and

WHEREAS, the Fiscal Year 2020 Adopted Capital Budget includes school operations and capital funding for the Madison County School Division equaling \$604,105; and

WHEREAS, the Board of Supervisors is required to appropriate for actual expenditure the adopted Fiscal Year 2020 budget; and

WHEREAS, 15.2-2506 and §21.1-94 of the Code of Virginia indicate that the Board of Supervisors may make annual, semiannual, quarterly or monthly appropriations for contemplated expenditures; and

WHEREAS, the Board of Supervisors desires to make a monthly appropriation for capital expenditures;

NOW, THEREFORE, BE IT RESOLVED on this 25<sup>th</sup> day of June, 2019, that the Madison County Board of Supervisors hereby appropriates the Fiscal Year 2020 Adopted Capital Budget for July 2019 in the amounts specified for each fund contained in said budget; with such appropriations summarized below:

\$ 620.875

School Operations	87,000
County Capital Projects Fund	-
School Capital Projects Fund	299,342
Total Capital Appropriations	\$ 1,007,217
Adopted this 25 <sup>th</sup> day of June, 2019, by the Supervisor, second	Madison County Board of Supervisors, on motion of ed by Supervisor

R. Clay Jackson, Cha Madison County Boa				
Attest:	Jack H	lobbs, Clerk of	f the Board	
		v	A1	
	Aye	Nay	Abstain	Absent
R. Clay Jackson				
Jonathon Weakley				
Kevin McGhee				
Charlotte Hoffman				
Amber Foster				

7. Consideration of a Motion to Approve an Renewal of the Employee Health Insurance Contract and the associated Employee/Employer Cost Split (Costello)

# MADISON COUNTY BOARD OF SUPERVISORS AGENDA ITEM STAFF REPORT

MEETING DATE: June 25, 2019

**AGENDA TITLE:** 8c Employee/Employer Split for Employee Health Insurance

INDICATED MOTION(s): I move to authorize the County Administrator to renew the Local Choice employee health

insurance contract for the October 1, 2019-September 30, 2020 plan year offering Key Advantage 500, Key Advantage 1000 and High Deductible Health Plan options with the

following portions of the monthly premium paid from County funds for County

employees:

\$630.90/mo for all Single options (90% of the KA1000 premium)
\$669.60/mo for all Dual options (60% of the HDHP premium)

• \$814.00/mo for all Family options (50% of the HDHP)

**STAFF LEAD:** County Administrator Jack Hobbs

**TIMING:** The employee health insurance matter has been before the Board for several months.

Authorization of a renewal on June 25 will allow the submittal of the renewal paperwork

before the June 30, 2019 deadline.

**DISCUSSION:** The Board is aware of the dramatic increase in the health insurance premiums for the

upcoming fiscal year and the effort to address this problem in coordination with the

school administration.

The approach taken is to stay with the current (self) insurance provider, provide a set of

reduced benefit options, require employees to take on more of the cost of the benefit

and increase the County contribution.

FISCAL IMPACT: Estimates of fiscal impact for both the County and individual employees are contained in

the analysis report.

**REFERENCES:** None

**HISTORY:** Employee health insurance is historically a difficult topic. An effort to "shop" providers for

the next renewal term is envisioned.

**RECOMMENDATION:** Approve a motion in the form indicated.

**ENCLOSURES:** • Analysis memo dated June 20, 2019

Local Choice renewal package

From: Jack Hobbs

Sent: Wednesday, June 12, 2019 2:03 PM

**To:** Mary Jane Costello <mjcostello@madisonco.virginia.gov>

Subject: Health Insurance report/recommendation for Board consideration on June 25

MJ,

Please prepare and deliver a succinct memo report on the employee health insurance renewal item with a recommended motion for full approval of a specific employer/employee cost split. This needs to be in Jacqueline's inbox by June 19 for circulation to the Board in anticipation of approval at the June 25 meeting.

I would prefer a simple, non-jargon laden review of the major considerations and the ramifications associated with changing the various figures. Present no more than four alternatives, but base the first one on:

- Local choice 500/1000/HDHP plan options
- Employee migration between options based on Ed White's assumptions
- Employer share for all Single options at 90% of the KA1000 premium (\$630.90/mo)
- Employer share for all Dual options at 60% of the HDHP (\$669.60/mo)
- Employer share for all Family options at 50% of the HDHP (\$814.00/mo)

#### Please include:

- An analysis of employee census vs. shares for employer and employee with changes from the FY19 plans
- Total impact on the FY20 budget for County, schools and social services
- Other appropriate associated items and considerations

Jack Hobbs Madison County

#### **MEMORANDUM**

**TO:** Madison County Board of Supervisors

CC: Jack Hobbs

FROM: Mary Jane Costello

DATE: June 20, 2019

RE: Considerations related to 2019-2020 Local Choice Renewal

#### **BACKGROUND**

Madison County has offered employees health insurance through Local Choice since fiscal year 2014. Local Choice is a health benefits program managed by the Commonwealth of Virginia Department of Human Resource (DMRM) and administered by Anthem.

Since enrollment in the Local Choice Plan, Madison County (the County), Madison County Department of Social Services (MDSS), and Madison County School Board (MCSB) have all participated in the same plan; however each organization has the discretion to set its own employer contributions to the plan. Local Choice requires that employers contribute a minimum of 80% of the single premium rate and imposes certain additional minimum employer contribution rates for dual and family coverage for participating entities who experience less than 75% enrollment by employees.

Local Choice offers multiple plans to participants. Since 2014, Madison has offered the Key Advantage Plan, with the option of a \$250 and \$500 deductible. Prior to 2016, both plans included comprehensive dental benefits. In 2016, the Key Advantage programs were modified to provide a preventative dental option, for a slightly lower premium. The vast majority of enrolled employees have historically selected the option with comprehensive dental benefits. For that reason, the remainder of this memorandum will exclusively address the Key Advantage plans with comprehensive dental coverage.

Each Key Advantage plan offers single, dual and family coverage options. The dual rate and family rates for the programs are computed at 185% and 270% of the single rate, respectively.

The Local Choice program in which Madison participates runs from October 1<sup>st</sup> of one year through September 30<sup>th</sup> of the next year and premiums are required to be paid one month in advance. Because the health insurance renewal year differs from the County's fiscal year, each fiscal year of the County will reflect 2 months of premiums from one renewal year, and 10 months from the succeeding renewal year. Because most employees at the School Board are paid on a contract year beginning August 1, a fiscal year budget for the School Board, will reflect 1 month of premiums paid for one renewal year, and 11 months of premiums paid for the succeeding renewal year.

The County typically receives its renewal package, including premium rate changes in February of each year. The renewal package is based on enrollment and claims experience for the prior 12 month period ending in November. The last renewal package received for 2019-2020 reflects total enrollment of 304 employees across the County, MDSS, and MCSB.

Since enrollment in the Local Choice program, Madison County has experienced the following the changes in premiums across all Key Advantage options offered:

	Percentage change
Renewal Year	from previous year
2014-2015	8.94%
2015-2016	0.00%
2016-2017	(2.83%)
2017-2018	4.30%
2018-2019	0.00%
2019-2020	31.03%

Because of the size of the increase, the County hired a benefits consultant to assist us with evaluating other health insurance options, as well as to facilitate discussions with both MDSS and MCSB about whether to continue to renew as a group, and how best to set employer/employee rates if the decision was made to continue with the Local Choice program.

For reasons that are outside of the scope of the memorandum, the County, MDSS & MCSB agreed to renew the Local Choice policy for 2019-2020; however, procurement for other health insurance options is planned to be performed in spring 2020.

Because of the substantial increase in premiums, all three organizations agreed to drop the Key Advantage option with a \$250 deductible, and to add a Key Advantage with \$1,000 deductible. In addition, a high deductible health plan (HDHP) will be offered for 2019-2020.

The following monthly premiums will be in effect for the Local Choice programs offered by Madison for the 2019-2020 renewal:

	Single	Dual	Family
Key Advantage 500	\$734	\$1,358	\$1,982
Key Advantage 1000	\$701	\$1.297	\$1,893
HDHP	\$603	\$1,116	\$1,628

Due to significant differences between the compensation structure at MCSB and the County, the two organizations have been unable to agree upon a single set of employer contribution rates to be offered under the 2019-2020 renewal. The County and MDSS, however, have agreed to a single set of employer contribution rates to be used for the 2019-2020 Local Choice renewal.

As of the date of this memorandum, the employer contribution rates for the 2019-2020 Local Choice renewal have not been established. The County's FY2020 Original Budget reflects no rate increases at the departmental level. However, an additional provision of \$141,069 was included in a contingency reserve to cover the increased cost of employer paid health insurance premiums for County and DSS personnel.

MCSB formulated its FY2020 budget in a different manner than the County by incorporating assumptions about health insurance directly into its budget. There is, therefore, no contingency provision in the County's FY20 budget for additional school related health insurance costs.

The remainder of this memorandum will provide three options for 2019-2020 employer contribution rates for the County and MDSS, and project the potential budgetary impact of those rates on the County, as well as quantify the effects on employee net compensation. It will also include a short discussion of health insurance costs included in the School Board budget.

#### COUNTY AND DSS OPTIONS 2019-2020 EMPLOYER CONTRIBUTIONS FOR LOCAL CHOICE

The following three options for employer rate contributions for the 2019-2029 are offered for consideration. The methodology used to select these options was to select a plan reference for each type of enrollment (single, dual, or family) and then express the employer contribution as a percentage of the plan reference.

## 1) OPTION #1 for Employer 2019-2020 Contribution Rate

<b>Enrollment</b>	Plan Reference	% of Plan Ref.	ER Monthly Contr.
Single	KA1000	90.0%	\$630.90
Dual	HDHP	62.5%	\$697.50
Family	HDHP	50.0%	\$814.00

#### 2) OPTION #2 for Employer 2019-2020 Contribution Rate

<b>Enrollment</b>	Plan Reference	% of Plan Ref.	ER Monthly Contr.
Single	KA1000	90.0%	\$630.90
Dual	HDHP	65.0%	\$725.40
Family	HDHP	55.0%	\$895.40

#### 3) OPTION #3 for Employer 2019-2020 Contribution Rate

<b>Enrollment</b>	Plan Reference	% of Plan Ref.	ER Monthly Contr.
Single	KA1000	90.0%	\$630.90
Dual	HDHP	65.0%	\$725.40
Family	HDHP	57.5%	\$936.10

## Estimated Impact on FY20 Budget and Employee Compensation

In order to estimate the impact of the changes made to the change in employee health insurance options and employer rates, assumptions must be made about which plan option employees will choose to enroll in this fall. Changes in enrollment type or plan could significantly impact any estimate, and cannot be precisely predicted. For purposes of this memo, it has been assumed that all current enrollees in the Key Advantage 250 plan will enroll in the Key Advantage 500 plan, and all current enrollees in the Key Advantage 500 plan will enroll in the Key Advantage 1000 plan. The estimates also assume, that although the HDHP program will be offered, no employees will enroll in it. Enrollment information is based on actual enrollment as of May 2019.

# 1) OPTION #1 for Employer 2019-2020 Contribution Rate

Estimated budgetary impact

\$108,912

Estimated effect on employee compensation for renewal year

	County	MDSS
Single	\$(587) to \$(779)	\$(253) to \$(455)
Dual	\$(1,258) to (\$1,606)	\$(1,014) to \$(1,362)
Family	\$(2,399) to \$(2,915)	\$(1,987) to \$(2,503)

# 2) OPTION #2 for Employer 2019-2020 Contribution Rate

Estimated budgetary impact

\$126,618

Estimated effect on employee compensation for renewal year

	County	MDSS
Single	\$(587) to \$(779)	\$(253) to \$(455)
Dual	\$(923) to (\$1,271)	\$(679) to \$(1,027)
Family	\$(1,423) to \$(1,939)	\$(1,010) to \$(1,526)

# 3) OPTION #3 for Employer 2019-2020 Contribution Rate

Estimated budgetary impact

\$133,212

Estimated effect on employee compensation for renewal year

	County	MDSS
Single	\$(587) to \$(779)	\$(253) to \$(455)
Dual	\$(923) to (\$1,271)	\$(679) to \$(1,027)
Family	\$(934) to \$(1,450)	\$(522) to \$(1,038)

A detailed analysis of enrollment data and current salary information of Local Choice participants as of May 2019 has been attached to this memorandum.

# MCSB 2019-2020 LOCAL CHOICE RENEWAL

The School Board of Madison County has indicated its intention to absorb all increased costs related to 2019-2020 renewal. This will result in a monthly increase in employer paid premiums of approximately 33%, based on enrollment information as of May 2019.

Using the same underlying assumptions that were used to generate the budgetary impact for County and DSS personnel, the total cost of providing health insurance to MCSB employees is estimated to be \$1,993,153.

The total provision for health insurance in the MSCB FY2020 operating budget is \$2,019,375. In addition, it is assumed that there is approximately \$71,000 for health insurance in the School Cafeteria fund, which is consistent with health insurance expense included in the FY2019 School Cafeteria budget.

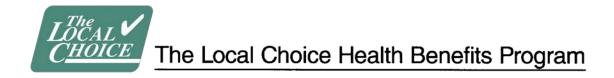
At the time of the County budget preparation, a reduction of \$157,500 was made in County funding to the School Board, in anticipation of revised School Board employer contribution amounts. Net of this reduction, the School Board should have funding of approximately \$1,932,875 incorporated into its budget to pay for health insurance expenses.

In the event that MCSB keeps its employee contributions flat from FY2019, it would appear that MCSB has a minimum shortfall of funding at least \$60,278. It should be emphasized that MCSB estimates prepared by County personnel may differ significantly from those prepared by School Board personnel.

The best approach to resolve differences related to assumptions about MCSB health insurance costs, may be to review actual School Board plan enrollment for 2019-2020 renewal, which is due by the month-end of August 2019, as well as the monthly financial reports provided to the Board of Supervisors by the School Board. Once participant enrollment is complete, and MCSB contribution rates for health insurance are finalized for the 2019-2020 renewal year, the actual funding required by MCSB for health insurance can be more accurately determined.

Updated Enrollment Data for Local Choice	Data for Local C	Choice													
As of May 2019															
Salary =>		Quartile 1			Quartile 2			Quartile 3	1 10 11		Quartile 4			TOTAL	
	Schools	County	Social Svcs	Schools	County	Social Svcs	Schools	County	Social Svcs	Schools	County	Social Svcs	Schools	County	County Social Svcs
Comp 250 Single	12	00	2	13	œ		14	6	1	18	12	2	57	7 37	Ŋ
Comp 250 Dual	4	4			m		4	2		ю	1		11	10	0
Comp 250 Family	3	1		1	П	н	7	1		10			16	m	1
Comp 500 Single	16	2	2	23	8	2	19	S	1	6	2	2	29	7 12	7
Comp 500 Dual	9	2		5		н	1		1	co	1		15	8	2
Comp 500 Family	4	1		55	4		7	2	1	14	m		30	01 10	1
Prev 250 Single		1											J	0 1	0
Prev 250 Dual				1										1 0	0
Prev 250 Family													J	0 0	0
Prev 500 Single	Ŋ			2						1				0	0
Prev 500 Dual							2							2 0	0
Prev 500 Family							1							1 0	0
	20	19	4	20	19	4	20	19	4	28	19	4	0 208		16
Annual Salary data by Quartile for Employees enrolled in Local Choice as of May 2019	y Quartile for E	mployees enr	rolled in Local C	hoice as of May	7 2019										
		Quartile 1			Quartile 2			Quartile 3			Quartile 4				
	Minimum	Maximum	Average	Minimum	Maximum	Average	Minimum	Maximum	Average	Minimum	Maximum	Average			
Schools	8,891	24,994	15,407	27,712	45,893	40,267	45,992	49,193	47,352	49,226	120,000	63,909			
County	24,399	37,548	33,503	37,549	42,636	40,514	42,636	47,090	44,489	47,162	133,827	71,782			
Social Services	28,568	29,930	29,470	34,411	37,485	35,308	39,873	43,318	41,356	45,204	69,775	26,360			





**To:** TLC Group Administrators

From: Ann B. Wohl

TLC Program Manager

**Date:** January 31, 2019

**Re:** The Local Choice Health Benefits Renewal

Thank you for your continuing support of The Local Choice (TLC) program. We are pleased to share the enclosed fiscal year 2020 renewal for TLC.

The Virginia Department of Human Resource Management's (DHRM) The Local Choice Health Benefits Program (TLC) is keenly aware of the high priority that TLC groups place on planning and budgeting for health benefits and is constantly working to find new and innovative ways to improve service and add value to available plans.

As you can see, our plan offerings have not changed, giving you consistent choices, competitive pricing, and value added services that enhance your ability to improve the health of your employees and their families. These plans include:

## Statewide plans for Active Employees and non-Medicare Retirees (if applicable)

- Key Advantage With Expanded Benefits
- Key Advantage 250
- Key Advantage 500
- Key Advantage 1000
- High Deductible Health Plan (HDHP) HSA compatible

## Regional plan for Active Employees and non-Medicare Retirees (if applicable)

Kaiser Permanente – available in certain service areas

# **Medicare Retiree Plans (if applicable)**

- Advantage 65
- Advantage 65 with Dental/Vision
- Medicare Complementary (Grandfathered for current participant groups only)

All active employee TLC plans include the CommonHealth wellness program at no additional cost to your employees. CommonHealth features our *Future Moms* prenatal risk management program and confidential, at work medical screenings in addition to other health and wellness programs such as nutrition, stress management and fitness programs.

Your 2019-2020 renewal notebook includes a Comparison of Benefits brochure to assist you in determining which plan or plans you want to offer your employees.

Rates for all available plan options are listed in Section 2 (Renewal Rate Sheets and Information). Together, the statewide Key Advantage plans, High Deductible Health Plan and the Kaiser Permanente HMO fully-insured regional plan (available in certain service areas) offer you a variety of choices with competitive administrative costs and quality coverage.

We encourage you to attend a TLC Regional Meeting/Road Show in March of 2019. I, along with representatives from TLC claims administrators, will present plan highlights, improvements and changes in more detail. Once the Road Show meeting schedule for 2019 is finalized, it will be distributed through an eNews.

We value your participation and look forward to continuing to build upon our partnership of caring for your employees.

Thank you for selecting The Local Choice program.

If you have any questions, please contact me at (804)371-0185 or <a href="mailto:ann.wohl@dhrm.virginia.gov">ann.wohl@dhrm.virginia.gov</a>.

Sincerely,

Ann B. Wohl

TLC Program Manager

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# The Local Choice

# **Table of Contents**



Section 1

Overview & Instructions

Fiscal Year 2020 Program Overview

Medicare Eligibility Memo

Section 2

Renewal Rates

Renewal Rates



Section 3

Renewal Forms

 Employer Renewal Data Sheet Worksheet (instructions for accessing)

TLC Materials Order Form

Dental Materials Order Form

Section 4
Section 5

Comparison of Benefits

Regional Plan Benefit Summary

(if offered in your area)

Section 6

Statewide Medicare Plans Benefit Summaries

(if you cover eligible retirees)

Section 7

Miscellaneous Information

Language Assistance Statement

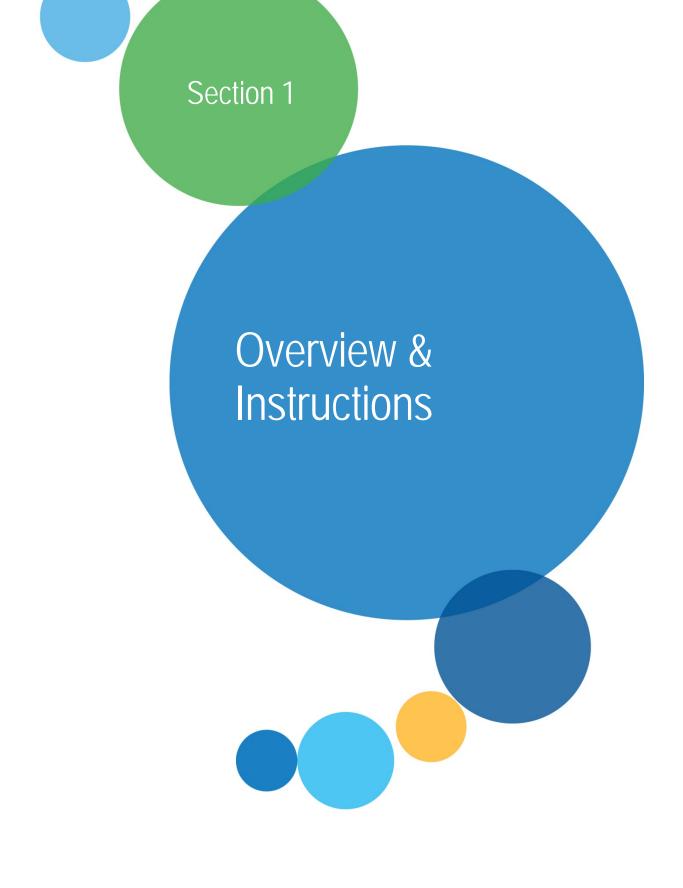
Adverse Experience Adjustment

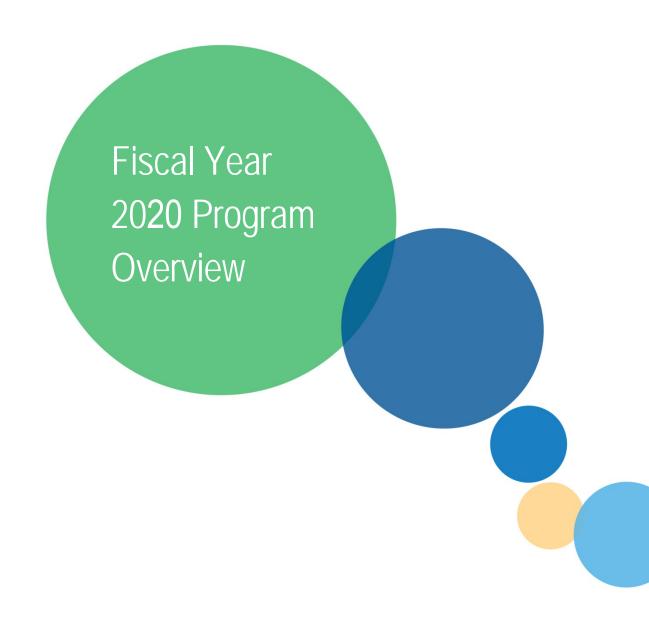
Reports Available on BES

Commonly Used Forms

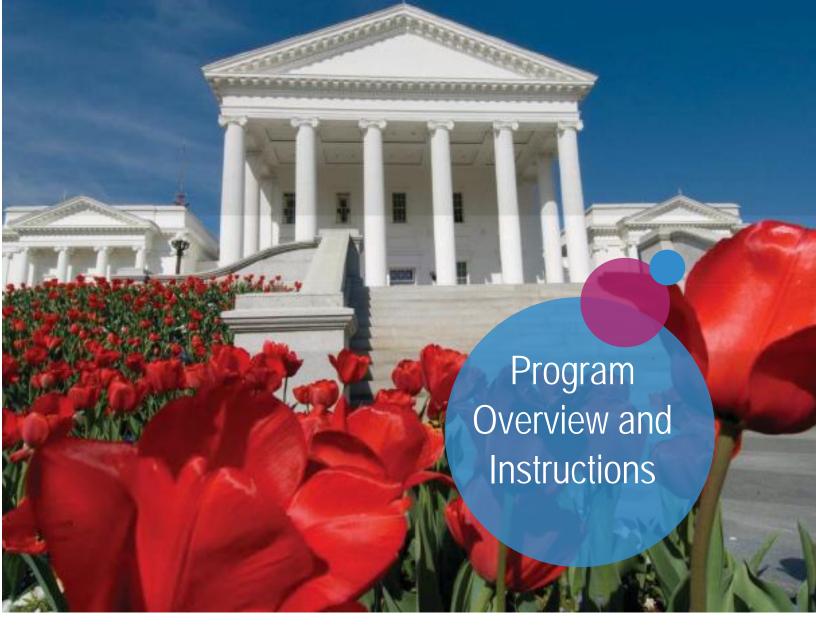








PLEASE NOTE – ANY REFERENCES TO CLAIMS ADMINISTRATORS IN THIS BOOK ARE CONTINGENT UPON THE FINAL AWARD OF REQUEST FOR PROPOSAL (RFP) COMPONENTS.



The Local Choice Health Benefits Program (TLC) is pleased to provide your health care program renewal for July 1, 2019 (October 1, 2019 for certain school groups).

## The Local Choice Health Benefits Program Advantage

We take our partnership with you very seriously. With a focus on personalized care, compelling value and strong local presence, The Local Choice Health Benefits Program (TLC) provides a health care partner with a proven track record of financial stability through competitive rates, quality of benefit plans and superior customer service. The TLC plan offerings deliver creative solutions to support your members no matter where they are along the health continuum, from dealing with chronic or acute conditions to maintaining a healthy, productive lifestyle.

# The following plans will again be offered to eligible active employees and retirees not eligible for Medicare:

- Key Advantage Expanded
- Key Advantage 250
- Key Advantage 500
- Key Advantage 1000
- TLC HDHP (An HSA compatible High Deductible Health Plan)

The above Key Advantage and HDHP plans are offered with the employee's choice of either Preventive Dental coverage or Comprehensive Dental. Comprehensive Dental includes orthodontics for all participants.

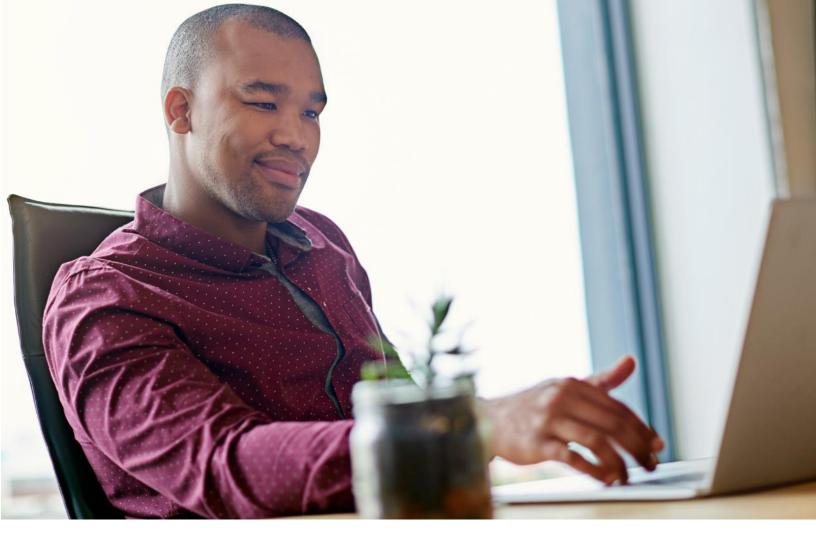
NOTE: to maintain Affordable Care Act compliance, the Preventive Dental option must be offered as indicated on the enrollment form.

• Kaiser Permanente HMO (available only in the Kaiser service area—contact Kaiser for additional information)

## For Medicare Eligible Retirees:

- Advantage 65 Medical Only
- Advantage 65 Medical Only with Dental/Vision
- Medicare Complementary (grandfathered plan)





The following is a high level description of the plans offered by TLC. More details are available in the Comparison of Benefits brochure.

## Statewide Self-Funded Plans: Key Advantage & HDHP Plans

Medical, behavioral health, prescription drugs, and routine vision are administered by Anthem. Routine dental is administered by Delta Dental.

The following provisions apply to both Key Advantage and HDHP Plans:

- Extensive medical, behavioral health, dental and routine vision benefits (through Blue View Vision) are covered in all Key Advantage and HDHP plans.
- These plans also allow for medical care when traveling outside Virginia through the BlueCard PPO and Blue Cross Blue Shield Global Core programs.
- Under all Key Advantage and TLC HDHP plans, in-network preventive medical care is covered with no deductible or coinsurance.
- Under the Employee Assistance Program (EAP), members receive up to four visits per incident per plan year at no cost. The EAP is only available in-network. Contact Anthem for more information.
- Home Delivery is also available through the plans' outpatient prescription drug benefits.
- Copayment/coinsurance expenses for outpatient prescription drugs are included, along with medical and behavioral health copayments/coinsurance costs, toward the annual out-of-pocket maximum expense limit.
- Dental coverage is provided by Delta Dental with a separate deductible. Members may select either Preventive or Comprehensive Dental.

The following provisions apply only to Key Advantage Plans:

- While members receive the highest level of benefits when visiting an in-network provider, members also receive out-of-network benefits for covered medical and behavioral health services but with higher out-of-pocket costs.
- Under the Key Advantage Plans, if members receive a brand name drug when a generic equivalent is available, they are responsible for the applicable brand copayment plus the cost difference between the allowable charge for the generic equivalent and the brand name.
- Outpatient prescription drugs are divided into 4 tiers based upon the cost and/or type of drug. See the Comparison
  of Benefits for more information.
- GenericSelect is a voluntary program for your members, allowing them to save money by moving from certain brand name drugs to a generic alternative and pay no copayment for the first prescription.

The following provisions apply only to HDHP Plans:

- The TLC HDHP plan is an HSA (Health Spending Account) compatible plan. TLC does not provide the HSA
  account. Each group may choose to offer its own HSA account administrator.
- With the embedded deductible HDHP plan, deductible amounts for each individual member will accumulate toward
  the family plan year deductible limit. However, no individual family member can contribute more than the singleonly deductible amount.
- Under the HDHP plan, covered medical, behavioral health and prescription drug services are subject to the \$2,800 single and \$5,600 family plan year deductible and 20% coinsurance.

## Regional Plan: Kaiser Permanente HMO

Kaiser Permanente offers a regional HMO plan in its service area, which includes Northern Virginia, Fredericksburg, Washington D.C., and parts of Maryland and is available only to participants who live or work in those areas as defined by zip code. Kaiser information is only provided in your renewal notebook if your group is eligible for Kaiser benefits.

A detailed outline of the service area and benefits may be found in the Kaiser HMO benefits summary. Medical, behavioral health, EAP, outpatient prescription drug and dental coverage are included in the plan.

Retirees and their dependents eligible for Medicare and Medicare-eligible dependents of retirees who are not eligible for Medicare are not eligible for enrollment in the Kaiser plan. Kaiser does not offer a Medicare supplement option in the TLC Program.

# Retirees Not Eligible for Medicare: Key Advantage and HDHP Coverage

Employers may choose to offer retiree coverage for those retirees who are not eligible for Medicare. Although allowed, no employer contribution is required for retiree coverage. All groups (with exception of groups that have been grandfathered) will receive rates for blended premiums. In a blended premium, active employees and non-Medicare-eligible retirees will have the same rates. Stand-alone rates for non-Medicare-eligible retirees are grandfathered, which means that they are only available for groups who currently offer them. Stand-alone premium rates are two-times the active employee rate.

# Statewide Medicare Supplemental Plans for Medicare Eligible Retirees

A group must offer coverage to retirees not eligible for Medicare if they wish to provide coverage for retirees who are eligible for Medicare. A local employer may add retiree coverage at renewal by submitting a written request to the Department of Human Resource Management (DHRM) along with an approved resolution from their Board or Governing Body.

For groups currently offering coverage to retirees eligible for Medicare, the Medicare Complementary, Advantage 65 and Advantage 65 with Dental/Vision plans continue to be available. However, Medicare Complementary is grandfathered at the group level and not available to groups that do not currently offer it. The Medicare supplement and routine dental and vision (if selected) are administered by Anthem.

Groups adding retiree benefits to their program for the first time may only offer Advantage 65 or Advantage 65 with Dental/Vision for their Medicare-eligible retirees and family members. It is important to remember that a local employer may select only one plan for Retirees Eligible for Medicare.

A local employer may also add Dental/Vision coverage to a current Advantage 65 contract at the group level at renewal. Once added, however, it may not be removed.

Enrollees in TLC Medicare supplement plans must be enrolled in Medicare Parts A and B as the primary payer of Medicare-covered services. Neither Advantage 65 nor Medicare Complementary Plans will pay for any services that would have been covered by Medicare had the participant been properly enrolled.

Outpatient prescription drug coverage is not available in any of the Medicare supplemental plans. If prescription drug coverage is desired, members should seek coverage in Medicare Part D.

To prevent claims denial and/or retraction of claims, it is imperative that you communicate the following information to all covered participants, whether active or retired.

Coverage under a Key Advantage plan, the TLC HDHP or a Regional plan (if available) is only for:

- Active Employees and their Dependents
- Retirees Not Eligible for Medicare and their Dependents Not Eligible for Medicare, and/or
- Dependents of Medicare Eligible Retirees who are not Medicare eligible



Retirees Eligible for Medicare and the Medicare eligible dependents of any retiree, whether the retiree is Medicare eligible or otherwise, may not enroll or remain in a Key Advantage or Regional plan. If coverage is offered to Retirees Eligible for Medicare and their Medicare eligible dependents, it must be obtained through one of our Medicare Supplement contracts.

Only Medicare Eligible Retirees and Medicare eligible dependents of retirees may participate in a Medicare Supplement plan. Active employees and dependents of Active employees cannot participate in our Medicare Supplement plans regardless of Medicare status.

#### Advantage 65

Advantage 65 provides Medicare supplemental medical benefits and some primary benefits (see Member Handbook) for retirees eligible for Medicare and their Medicare-eligible covered family members. It does not include outpatient prescription drug coverage. Anthem administers the Advantage 65 plan.

## Advantage 65 with Dental/Vision

As a group option, you may elect to add dental and vision coverage to Advantage 65. This product adds dental and vision to the Advantage 65 plan described above. Dental benefits are administered by Anthem and routine vision is administered through Anthem Blue View Vision.

## Medicare Complementary

Medicare Complementary is a "grandfathered" plan available only to groups who already offer the product. It provides Medicare supplemental benefits plus routine dental and vision coverage for retirees eligible for Medicare and their Medicare-eligible covered family members. Medical and routine dental benefits are administered by Anthem, and routine vision is administered through Anthem Blue View Vision.

## CommonHealth

The CommonHealth Wellness Program is a value-added benefit included at no additional cost for TLC members. CommonHealth includes medical screenings, health risk appraisals, wellness programs, Future Moms pre-natal risk management, and stress management. The Future Moms Program under Key Advantage Expanded and Key Advantage 250 includes an incentive opportunity. See the TLC Comparison of Benefits for more information.

Since wellness programs foster good health, which often can help to control claims costs, we strongly encourage you to take advantage of all that CommonHealth has to offer. Employees and their dependents covered by any TLC program are eligible to participate.

## Choice of Plans - Statewide and Regional

Most employers may select a combination of Key Advantage, HDHP and any available regional plan. Each employee in a statewide plan has the choice of preventive-only or comprehensive dental.

- Groups with 14 or fewer eligible employees may offer only one benefit plan with both dental options.
- Groups with 15 to 99 eligible employees may offer two plans, each with both dental options.
- Groups with 100 or more eligible employees may offer two Key Advantage plans plus the HDHP, each with both dental options, and/or the Regional plan (if available).

Groups establish their own eligibility (within certain TLC parameters). These may change at renewal. Be sure that any change coincides with your personnel and policy practices. A written request for any changes must be submitted to the Department of Human Resource Management (DHRM) with your electronic renewal Employer Data Sheet (worksheet located in Section 3). DHRM must approve any changes to assure compliance with state regulations.

## **Group Rating**

Pooled Rating - Group size of 1 through 99 employees

**Experience Rating** - Group size of 100 or more. A Credibility Factor applies to medical and behavioral health components only. All outpatient prescription drugs and routine dental claims are pooled, based on the combined experience of all current TLC groups, regardless of size.

Group Size	Credibility Factor
100 - 149	58% of the group's medical and behavioral health experience
150 - 199	71% of the group's medical and behavioral health experience
200 - 249	82% of the group's medical and behavioral health experience
250 - 299	91% of the group's medical and behavioral health experience
300 – and above	100% of the group's medical and behavioral health experience

To protect participating employers, TLC provides shared risk protection through medical attachment points (Specific Pooling Points) of \$100,000 for groups with fewer than 300 participating employees; \$125,000 for groups between 300 and 999 participating employees; \$175,000 for groups between 1,000 and 1,499 and \$200,000 for groups with 1,500 or more employees.

Monthly rates for employee plus one and family are calculated as a factor of the single employee rate. The relationship between the single, dual, and family rates remains the same as in the current plan year: Single = 1, employee plus one = 1.85 X single rate, and family = 2.70 X single rate.

## **Employer Contribution**

The Virginia Administrative Code requires that, as a condition of local employer participation in TLC, it must pay a minimum portion of the plan contribution attributable to an active local employee's coverage. Participating local employers must contribute a minimum of 80% of the cost of single coverage and 20% of the cost of dependent coverage as a condition of participation. In the event that an employer enrolls 75% or more of all eligible employees, the employer will not be required to contribute to the cost of dependent coverage.

Local employers allowing part-time employees to participate in the program must contribute a minimum of 50% of the amount contributed toward active employee coverage (at all membership levels) for their participating part-time employees.

If the local employer elects to offer retiree coverage, contributions toward the cost is permitted but not required.

To provide more flexibility, employers offering multiple plans may choose to determine one minimum premium contribution requirement for all plans except for the HDHP, which must be determined separately (see below). Premium averaging will be based on the average single premium for all included plans.

Once the average premium has been determined, the 80% employee minimum contribution and 20% dependent minimum contribution, is applied to all applicable plans.

Minimum employer funding for the HDHP is always determined separately from the Key Advantage and Regional plan requirements. If the HDHP is offered, an employer must pay a minimum of 80% of single premium and 20% of the additional dependent premium. If 75% of all eligible employees enroll <u>and</u> the employer funds an HSA/HRA, the 20%

dependent contribution requirement is waived. For part-time participants, the 50% rule above will apply. Groups may make a higher contribution if they wish.

## Regulations Governing the Local Choice Program

The Virginia Administrative Code governing The Local Choice Program can be found in the Commonwealth of Virginia Health Benefits Program section at https://law.lis.virginia.gov/admincode/title1/agency55/chapter20/section20/.

## **Renewal Acceptance**

To renew your coverage with TLC, complete the Employer Renewal Data Sheet through the online portal. **Detailed** instructions for the on-line portal will be provided at a later date.

DHRM must receive the completed Employer Renewal Data Sheet via the on-line portal by Monday, April 1, 2019 for July renewals and by July 1, 2019 for October renewals. You will receive confirmation from DHRM of your renewal. The renewal confirmation will include benefit plan selections, premiums and employer contribution requirements.

#### **Deadline Extensions**

All groups must respond by April 1, 2019, unless granted an extension based on receipt of the group's written request by April 1. An extension is for the return of your Employer Renewal Data Sheet only. The Code of Virginia does not permit an extension or waiver of the 90-day written termination request if you plan to leave the TLC Program. Please contact Ann Wohl, TLC Program Manager at (804) 371-0185 to discuss your options if you cannot comply.



#### **Termination**

For information on termination, please reference 1 VAC 55-20-160, 1 VAC 55-20-290 and 1 VAC 55-20-300 of the Virginia Administrative Code. According to these regulations, if you choose to terminate participation in The Local Choice Health Benefits Program, DHRM must receive written notification at least 90 days prior to the date of termination. Please note that the 90-day notification will not be extended by a request to extend the April 1, 2019, renewal response deadline. The department will notify a terminating local employer of any Adverse Experience Adjustment (AEA) within six calendar months of the time the local employer terminates participation in the program. Further, the department reserves the right to modify the amount of the experience adjustment applicable to a terminating local employer for a period not to exceed 12 months from the end of the plan year in which such termination occurred.

The Adverse Experience Adjustment shall be payable by the local employer in 12 equal monthly installments beginning 30 days after the date of notification by the department. A terminated local employer may request, in writing, an extension of the 12-month installment payment period. DHRM may approve an extension up to 36 months provided the local employer agrees to pay interest at the statutory rate on any extended payments. Since AEA is an exact look back limit of liability, it cannot be estimated.

## Renewal & Open Enrollment Process

#### **Employer Renewal Data Sheet**

 This must be completed through the DHRM on-line portal by April 1, 2019 for July renewals and by July 1, 2019 for October renewals.

#### **Open Enrollment Materials**

After March 15th, Open Enrollment materials may be ordered based on the selected benefit plans and your total enrollment. It is your responsibility to order and distribute the appropriate materials using the TLC
 Materials Order Form - which should be faxed to the number on the form. DO NOT send your order form to the TLC offices. Please allow 7-10 business days for delivery.

#### **Enrollment Forms**

- The renewal/open enrollment is not a complete re-enrollment. New enrollment forms are necessary for open enrollment only for new participants or for changes. Please submit these forms at least 30 days prior to the July 1 or October 1 effective date.
- If an eligible employee declines coverage, they must complete the waiver section of the Enrollment Form
  and the waiver should also be sent to TLC. Originals of all forms should be retained in the employer's personnel
  files.

#### **Open Enrollment Meetings**

• The Open Enrollment period is critical to allow for employee changes and may be held at your convenience between April 1, 2019 and May 15, 2019, but should not exceed 30 days. School groups renewing on October 1 should select Open Enrollment dates between July 29, 2019, and September 10, 2019. Representatives from the health plan(s) will be available to assist you with your renewal enrollment process, but you must contact them and make the appropriate scheduling arrangements.

## The Local Choice Support

You may contact your local Anthem or Kaiser Marketing Representative to assist you with their component of your renewal.

If you have questions about eligibility or policy administration, please contact Ann Wohl, TLC Program Manager, at (804) 371-0185. You may also send inquiries by e-mail to ann.wohl@dhrm.virginia.gov or <a href="https://doi.org/licenses.org

Thank you for your continued support of The Local Choice program.





## **URGENT MESSAGE**

Please inform your covered employees and retirees that

# Medicare Eligible Retirees and Medicare Eligible Dependents of any Retiree

May not participate in the following plans: Key Advantage (any plan) High Deductible Health Plan Kaiser HMO

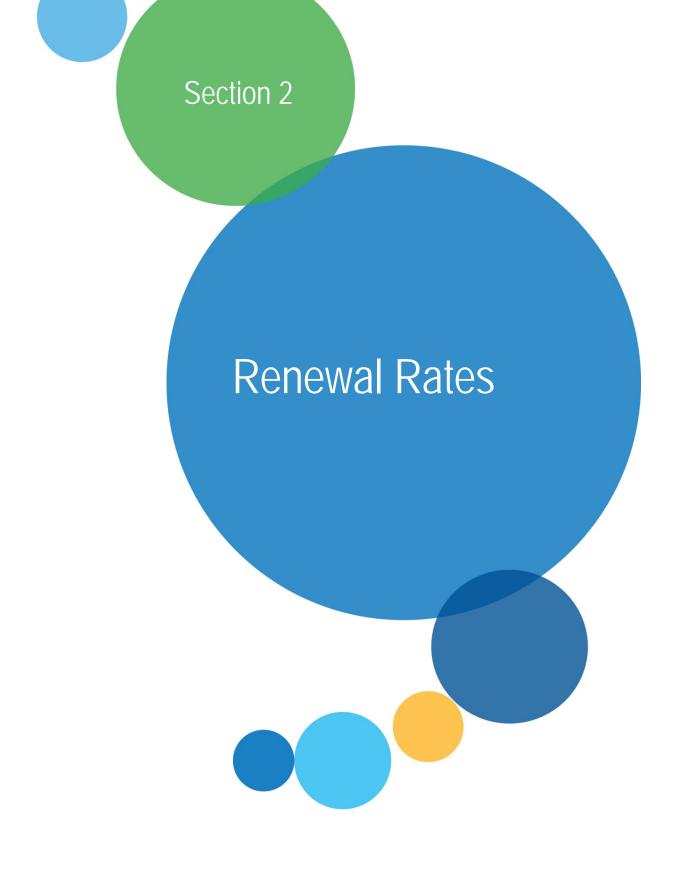
Anyone covered by a TLC Plan must inform their Benefits Administrator as soon as they or their dependents become eligible for Medicare.

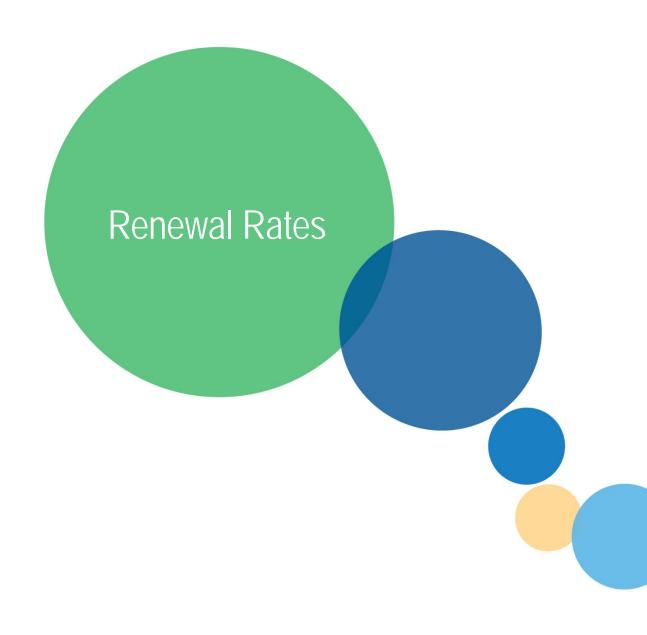
Participants found in a plan for which they are ineligible will be removed from the plan and all claims paid (including medical, vision, dental and outpatient prescription drug) after Medicare eligibility will be retracted. They will be responsible for repayment of the full amount of charges to their providers and health plan and may be subject to late entry penalties or delays in enrollment in Parts B and D of Medicare.

The BES Persons Eligible for Medicare Report is posted to your group's HuRMan folder. This monthly report identifies individuals (participants and spouses) approaching Age 65.

NOTE: This report looks 3 months ahead of the individual's DOB. For example, a person turning Age 65 in April will appear on the January report. The person will not appear on a report after January.

## **URGENT MESSAGE**





## THE LOCAL CHOICE HEALTH BENEFITS PROGRAM

#### **Madison County and Schools**

## Proposed Rates Effective from October 1, 2019 through September 30, 2020

With Compact and September 50, 2020								
With Comprehensive Dental								
	ACTIVE EMDI OVEES	<u>Single</u>	<u>Dual</u>	<u>Family</u>				
	ACTIVE EMPLOYEES	¢001	¢1 667	¢2.422				
ale.	Key Advantage Expanded	\$901	\$1,667	\$2,433				
	Key Advantage 250	\$825	\$1,526	\$2,228				
*	Key Advantage 500	\$734	\$1,358	\$1,982				
	Key Advantage 1000	\$701	\$1,297	\$1,893				
	High Deductible Health Plan	\$603	\$1,116	\$1,628				
	RETIREES NOT ELIGIBLE FOR MEDICARE							
	Key Advantage Expanded	\$901	\$1,667	\$2,433				
*	Key Advantage 250	\$825	\$1,526	\$2,228				
*	Key Advantage 500	\$734	\$1,358	\$1,982				
	Key Advantage 1000	\$701	\$1,297	\$1,893				
	High Deductible Health Plan	\$603	\$1,116	\$1,628				
	With Preventive Dental (	Only						
	ACTIVE EMPLOYEES							
	Key Advantage Expanded	\$885	\$1,637	\$2,390				
*	Key Advantage 250	\$809	\$1,497	\$2,184				
*	Key Advantage 500	\$718	\$1,328	\$1,939				
	Key Advantage 1000	\$685	\$1,267	\$1,850				
	High Deductible Health Plan	\$587	\$1,086	\$1,585				
	RETIREES NOT ELIGIBLE FOR MEDICARE							
	Key Advantage Expanded	\$885	\$1,637	\$2,390				
*	Key Advantage 250	\$809	\$1,497	\$2,184				
*	Key Advantage 500	\$718	\$1,328	\$1,939				
	Key Advantage 1000	\$685	\$1,267	\$1,850				
	High Deductible Health Plan	\$587	\$1,086	\$1,585				
		•	. ,					

#### \* Benefit Plans Currently Offered

Coverage under The Local Choice Key Advantage and HDHP contracts is for:

- · Active Employees and their Dependents
- · Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or
- Dependents of Medicare eligible Retirees who are not Medicare eligible.

If coverage is offered to Medicare eligible retirees and their Medicare eligible Dependents, it must be obtained through one of our Medicare Supplemental contracts which require participation in both Parts A and B of Medicare to receive maximum benefits.

The PCORI fee is the responsibility of the group and payment should be submitted directly to HHS, therefore, this fee has not been included in your rates.

#### THE LOCAL CHOICE HEALTH CARE PROGRAM

Anthem Blue Cross and Blue Shield

Renewal Analysis For:

(Excludes Advantage 65 premiums and claims)

#### Madison County and Schools Group #48183

#### for October 1, 2019 through September 30, 2020

I.	Income	\$3,152,088			
II.	Projecte	ed Medical Claims Related Charges (2)			
	A.	Claims Cost (12/01/2017 through 11/30/2018)	\$6,844,464		
	B.	100% Facility Network Savings	(\$3,366,098)		
	C.	100% Professional Network Savings	(\$881,007)		
	D.	Claims in excess of the \$125,000 pooling limit	(\$303,429)		
	E.	Subtotal	\$2,293,930		
	F.	Change in Incurred But Not Reported Claims	\$22,939		
	G.	Benefit Adjustment	\$0		
	H.	Enrollment Adjustment	\$0		
	I.	<u>\$282,658</u>			
	J.	Total Medical Projected Incurred claims	\$2,599,528		
III.	III. Projected Reinsurance Charges				
IV.	\$151,134				
V.	V. Projected Dental Capitation				
VI. Projected Drug Capitation					
VII.	VII. TLC Contingency Reserve or Risk Fee(4)				
VIII.	VIII. Total Income Requirements (II.J. + III. + IV. + V. + VI. + VII.)  Percentage Adjustment				
	Percentage Adjustment 30.89				

<sup>&</sup>lt;sup>1</sup> Illustrative income is based on current enrollment as follows:

	KA 250	KA 500	TOTAL
Single	99	100	199
Dual	23	22	45
Family	19	41	60
TOTAL:	141	163	304

 $<sup>^{2}</sup>$  There are 3 claims in excess of the \$125,000 pooling limit.

Facility and Professional network savings represent 62.1% of medical claims cost.

Medical trends used in the renewal development were 6.5% annual.

For a 22 month projection, this equates to 12.2%

<sup>&</sup>lt;sup>3</sup> Administrative charge as a percent of income requirements is 3.7%

<sup>&</sup>lt;sup>4</sup> Includes DHRM Program Administration and CommonHealth

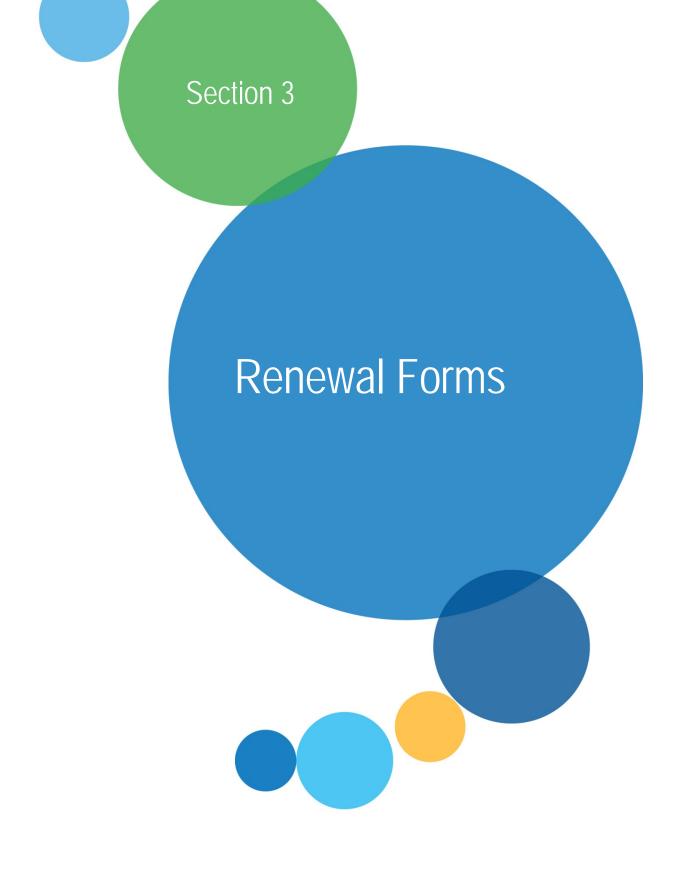
#### 21 PARTICIPANTS WITH LARGE CLAIMS OVER 25000 FOR MADISON COUNTY EMPLOYEES & SCHOOL - 05183 CLAIMS PROCESSED: '2017-12-01' - '2018-11-30'

CLAIMS INCURRED: '1900-01-01' - '9999-12-31'
INCLUDES VISION, EXCLUDES MEDICARE AND DRUGS

			CURRENT		MEDICAL		
	SEX		CVRG		EXPENSE	VISION	BENEFIT
PRODUCT	REL	TIER	STATUS	DIAGNOSIS	AT 100%	EXPENSE	EXPENSE
PAR-PPO	1	Emp-Child	C - C	ENCOUNTER FOR OTHER AFTERCARE	297,790.25	0.00	297,790.25
PAR-PPO	3	Emp-Family	A - A	ENCOUNTER FOR OTHER AFTERCARE	253,575.42	0.00	253,575.42
PAR-PPO	2	Emp Only	A - A	CHRONIC KIDNEY DISEASE	127,063.05	0.00	127,063.05
PAR-PPO	4	Emp-Spouse	A - A	AORTIC ANEURYSM AND DISSECTION	112,156.15	0.00	112,156.15
PAR-PPO	2	Emp Only	C - C	SECONDARY MALIG NEOPLASM RESP & DIGESTIVE ORGANS	96,299.66	0.00	96,299.66
PAR-PPO	4	Emp-Spouse	A - A	MALIGNANT NEOPLASM OF CORPUS UTERI	93,865.37	0.00	93,865.37
PAR-PPO	4	Emp-Spouse	A - A	DIVERTICULAR DISEASE OF INTESTINE	66,159.60	100.00	66,259.60
PAR-PPO	3	Emp-Family	A - A	ENCOUNTER FOR OTHER AFTERCARE	61,177.20	0.00	61,177.20
PAR-PPO	1	Emp Only	A - A	OVERWEIGHT AND OBESITY	53,861.31	0.00	53,861.31
PAR-PPO	2	Emp-Child	A - A	OTHER SEPSIS	42,091.08	0.00	42,091.08
PAR-PPO	2	Emp Only	A - A	OSTEOARTHRITIS OF HIP	41,316.63	0.00	41,316.63
PAR-PPO	1	Emp Only	A - A	FEVER OF OTHER AND UNKNOWN ORIGIN	34,537.87	20.00	34,557.87
PAR-PPO	1	Emp Only	C - C	OTHER SEPSIS	33,615.33	108.46	33,723.79
PAR-PPO	3	Emp-Spouse	A - A	OSTEOARTHRITIS OF KNEE	32,987.91	0.00	32,987.91
PAR-PPO	2	Emp Only	A - A	ALCOHOLIC LIVER DISEASE	31,515.76	0.00	31,515.76
PAR-PPO	3	Emp-Family	A - A	OTHER SEPSIS	31,352.26	0.00	31,352.26
PAR-PPO	1	Emp Only	C - C	OSTEOMYELITIS	29,925.06	0.00	29,925.06
PAR-PPO	2	Emp-Family	A - A	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR	29,765.97	120.00	29,885.97
PAR-PPO	2	Emp Only	A - A	CEREBRAL INFARCTION	29,197.63	0.00	29,197.63
PAR-PPO	1	Emp-Family	C - C	SECONDARY MALIG NEOPLASM RESP & DIGESTIVE ORGANS	26,834.76	0.00	26,834.76
PAR-PPO	2	Emp Only	A - A	PAIN & OTH COND ASSOC W/FE GEN ORGN & MENST CYCL	25,301.37	0.00	25,301.37
				-	1,550,389.64	348.46	1,550,738.10

SEX_REL CODES		STATUS
1 MALE EMPLOYEE	2 FEMALE EMPLOYEE	A ACTIVE
3 MALE SPOUSE	4 FEMALE SPOUSE	C CANCELLED
5 MALE DEPENDENT	6 FEMALE DEPENDENT	

7 MALE DEPENDENT 8 FEMALE DEPENDENT





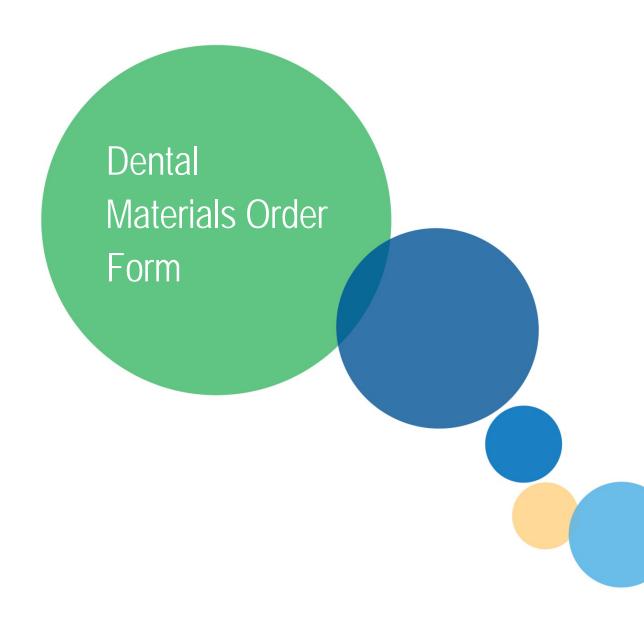


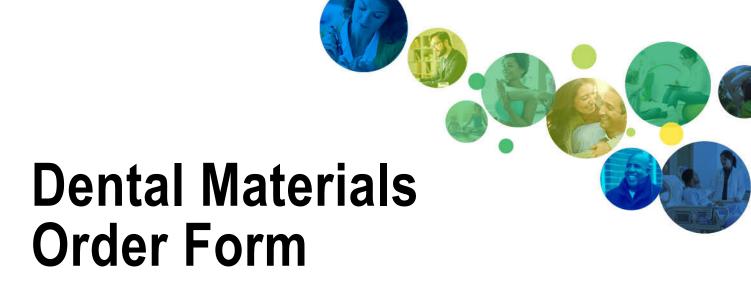
Instructions for accessing the FY20 Employer Renewal Data Sheet will be provided through an eNews at a later date.





The FY20 TLC Materials Order Form will be provided through an eNews at a later date.





The FY20 Dental Materials Order Form will be provided through an eNews at a later date.







# **The Local Choice 2019 Comparison of Statewide Plans**

	Key Advanta	age Expar	nded	Key Advan	tage 250	
Plan Year Deductible (Key Advantage: Applies to Certain Medical Services as Indicated on Chart) (HDHP: Applies to Medical, Behavioral Health, and Prescription Drug Services)	\$100 See Out-of-Network:	ro People e Family e Family	Family \$200 \$400	In-Network: One Person \$250 Out-of-Network: \$500	Two People See Family See Family	Family \$500 \$1,000
Plan Year Out-of-pocket Expense Limit	In-Network: One Person Tw. \$2,000 See Out-of-Network:	o People e Family	Family \$4,000 \$6,000	In-Network: One Person \$3,000 Out-of-Network: \$5,000	Two People See Family See Family	Family \$6,000 \$10,000
Out-of-Network Benefits	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		k deductible, il and behavioral apply to medical yments and ent prescription	
Medical Care When Traveling (BlueCard)	Included			Included		
Lifetime Maximum	Unlimited			Unlimited		
Covered Services	In-Network You	Pay		In-Network Yo	ou Pay	
Ambulance Travel	20% coinsurance afte	er deductible		20% coinsurance	after deductible	
Autism Spectrum Disorder 2 years through 10 years	Copayment/coinsuran service received	nce determined b	ру	Copayment/coinsu service received	rance determined	by
Behavioral Health and EAP Inpatient treatment • Facility Services • Professional Provider Services Outpatient Professional Provider Visits	\$300 copayment per \$0 \$15 copayment	stay		\$400 copayment ¡ \$0 \$20 copayment	per stay	
Employee Assistance Program (EAP) 4 visits per issue (per plan year)	\$0			\$0		
Dental Care Preventive Dental Option (diagnostic and preventive services only for lower premium)	\$0			\$0		
Comprehensive Dental Option (for higher premium) Dental Plan Year Deductible Plan Year Maximum (Except Orthodontics) • Preventive Dental Care • Primary Dental Care • Major Dental Care • Orthodontic Services (Includes Adult Ortho)	One Person Two \$25 \$50 \$1,500 \$0 20% coinsurance afte 50% coinsurance afte 50% coinsurance, no with \$1,500 lifetime in	er dental deduct er dental deduct dental deductib	ible	50% coinsurance	Two People \$50 after dental deduc after dental deduction	tible

Key Advant	age 500		Key Advant	tage 1000		High Dedu	uctible Hea	lth Plan
In-Network:		_	In-Network:					
One Person	Two People	Family	One Person	Two People See Family	Family	One Person	Two People	Family
\$500	See Family	\$1,000	\$1,000	see railliy	\$2,000	\$2,800	See Family	\$5,600
Out-of-Network:	One Family	φο ο ο ο	Out-of-Network:	One Family	<b>#4.000</b>		ibined for In-Netwo	rk and
 \$1,000	See Family	\$2,000	\$2,000	See Family	\$4,000	Out-of-Network se	ervices.	
In-Network:			In-Network:			In-Network:		
One Person	Two People	Family	One Person	Two People	Family	One Person	Two People	Family
\$4,000	See Family	\$8,000	\$5,000	See Family	\$10,000	\$5,000	See Family	\$10,000
Out-of-Network:	0 5 '/-	<b>#14.000</b>	Out-of-Network:	0	<b>#10.000</b>	Out-of-Network:	0	<b>#00.000</b>
\$7,000	See Family	\$14,000	\$9,000	See Family	\$18,000	\$10,000	See Family	\$20,000
Yes. Once you meet to you pay 30% coinsu health services. Cop and behavioral healt coinsurance for routings and dental services.	rance for medical a ayments do not app th services. Copaym ine vision, outpatien	and behavioral oly to medical ents and t prescription	Yes. Once you meet you pay 30% coinson health services. Cop and behavioral heal coinsurance for rout drugs and dental ser	urance for medical payments do not a th services. Copay tine vision, outpatie	and behavioral pply to medical ments and ent prescription	you pay 40% coir	et the combined densurance for medical iption drug services oviders.	al, behavioral
Included			Included			Included		
Unlimited			Unlimited			Unlimited		
In-Network You	ı Pay		In-Network You	u Pay		In-Network Yo	ou Pay	
 20% coinsurance af	fter deductible		20% coinsurance a	fter deductible		20% coinsurance	after deductible	
Copayment/coinsura service received	ance determined by	,	Copayment/coinsur service received	rance determined b	ру	20% coinsurance	after deductible	
20% coinsurance af \$0 \$25 copayment	fter deductible		20% coinsurance a \$0 \$25 copayment	fter deductible		20% coinsurance 20% coinsurance 20% coinsurance	after deductible	
							artor doddottisto	
\$0			\$0			\$0		
\$0			\$0			\$0		
One Person	Two People	Family	One Person	Two People	Family	One Person	Two People	Family
\$25 \$1,500 \$0 20% coinsurance af 50% coinsurance af	\$50 fter dental deductib fter dental deductib	\$75	\$25 \$1,500 \$0 20% coinsurance a 50% coinsurance a	\$50 fter dental deduct fter dental deduct	\$75 ible ible	\$25 \$1,500 \$0 20% coinsurance 50% coinsurance	\$50 after dental deduc after dental deduc	\$75 tible
 50% coinsurance, no with \$1,500 lifetime		,	50% coinsurance, r with \$1,500 lifetim		le,	50% coinsurance, with \$1,500 lifeti	, no dental deductib me maximum	ile,

# The Local Choice 2019 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Diabetic Education	\$0	\$0
Diabetic Equipment	20% coinsurance after deductible	20% coinsurance after deductible
Diabetic Supplies - See Outpatient Prescription Drugs		
Diagnostic Tests and X-rays (for specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department)	20% coinsurance, no deductible	20% coinsurance after deductible
Doctor Visits – on an Outpatient Basis Primary Care Physicians Specialty Care Providers	\$15 copayment \$25 copayment	\$20 copayment \$35 copayment
Early Intervention Services	Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received
Emergency Room Visits Facility Services  Professional Provider Services - Primary Care Physicians - Specialty Care Providers Diagnostic Tests and X-rays	\$250 copayment per visit (waived if admitted to hospital)  \$15 copayment \$25 copayment 20% coinsurance, no deductible	\$350 copayment per visit (waived if admitted to hospital)  \$20 copayment \$35 copayment 20% coinsurance after deductible
Home Health Services (90 visit plan year limit per member)	\$0	\$0
Home Private Duty Nurse's Services	20% coinsurance after deductible	20% coinsurance after deductible
Hospice Care Services	\$0	\$0
Hospital Services Inpatient Treatment • Facility Services • Professional Provider Services - Primary Care Physicians - Specialty Care Providers Outpatient Treatment • Facility Services • Professional Provider Services - Primary Care Physicians	\$300 copayment per stay \$0 \$0 \$100 copayment \$15 copayment	\$400 copayment per stay \$0 \$0 \$150 copayment \$20 copayment
- Specialty Care Providers  - Specialty Care Providers  Diagnostic Tests and X-Rays	\$25 copayment 20% coinsurance, no deductible	\$35 copayment \$35 copayment 20% coinsurance after deductible
LiveHealth Online (Online doctor's visits)	\$15	\$20



Key Advantage 500 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
\$0	\$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$25 copayment \$40 copayment	\$25 copayment \$40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$25 copayment \$40 copayment 20% coinsurance after deductible	\$25 copayment \$40 copayment 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$0 \$0	\$0 \$0	20% coinsurance after deductible 20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
 \$25 copayment \$40 copayment 20% coinsurance after deductible	\$25 copayment \$40 copayment 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
\$25	\$25	Determined by services received



# The Local Choice 2019 Comparison of Statewide Plans (continued)

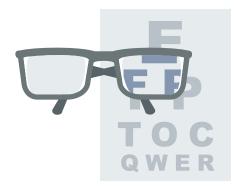
Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Maternity Professional Provider Services (Prenatal & Postnatal Care) - Primary Care Physicians - Specialty Care Providers	\$15 copayment \$25 copayment If your doctor submits one bill for delivery, prenatal and copayment required for physician care. If your doctor be payment responsibility will be determined by the service	oills for these services separately, your
Delivery - Primary Care Physicians - Specialty Care Providers Hospital Services for Delivery (Delivery Room, Anesthesia, Routine Nursing Care for Newborn)	\$0 \$0 \$300 copayment per stay*	\$0 \$0 \$400 copayment per stay*
Outpatient Diagnostic Tests	20% coinsurance, no deductible	20% coinsurance after deductible
Medical Equipment, Appliances, Formulas, Prosthetics and Supplies	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Prescription Drugs - Mandatory Generic Retail up to 34-day supply*  *You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments, or the coinsurance after the deductible  Home Delivery Services (Mail Order) Covered Drugs for up to a 90-Day Supply	Tier 1 - \$10 copayment Tier 2 - \$30 copayment Tier 3 - \$45 copayment Tier 4 - \$55 copayment Tier 1 - \$20 copayment Tier 2 - \$60 copayment Tier 3 - \$90 copayment Tier 4 - \$110 copayment	Tier 1 - \$10 copayment Tier 2 - \$30 copayment Tier 3 - \$45 copayment Tier 4 - \$55 copayment Tier 1 - \$20 copayment Tier 2 - \$60 copayment Tier 3 - \$90 copayment Tier 4 - \$110 copayment
Diabetic Supplies	20% coinsurance, no deductible	20% coinsurance, no deductible
Routine vision - Blue View Vision Network  (Once Every Plan Year)  Routine Eye Exam  Eyeglass Lenses  Eyeglass Frames  Contact Lenses (In Lieu of Eyeglass Lenses)  Elective  Non-Elective  Upgrade Eyeglass Lenses (Available for Additional Cost)  UV Coating, Tints, Standard Scratch-Resistant  Standard Polycarbonate  Standard Progressive  Standard Anti-Reflective  Other Add-Ons	\$25 copayment \$20 copayment Up to \$100 retail allowance**  Up to \$100 retail allowance Up to \$250 retail allowance \$15 \$40 \$65 \$45 20% off retail	\$35 copayment \$20 copayment Up to \$100 retail allowance**  Up to \$100 retail allowance Up to \$250 retail allowance \$15 \$40 \$65 \$45 20% off retail
Shots - Allergy & Therapeutic Injections (At Doctor's Office, Emergency Room or Outpatient Hospital Department)	20% coinsurance, no deductible	20% coinsurance after deductible

<sup>\*</sup>This plan will waive the hospital copayment if the member enrolls in the maternity management pre-natal program within the first 16 weeks of pregnancy, has a dental cleaning during pregnancy and satisfactorily completes the program.

<sup>\*\*</sup>You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.



Key Advantage 500 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
\$25 copayment \$40 copayment If your doctor submits one bill for delivery, pre copayment required for physician care. If your payment responsibility will be determined by the	doctor bills for these services separately, your	20% coinsurance after deductible 20% coinsurance after deductible
\$0 \$0	\$0 \$0	20% coinsurance after deductible 20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Tier 1 - \$10 copayment Tier 2 - \$30 copayment Tier 3 - \$45 copayment Tier 4 - \$55 copayment	Tier 1 - \$10 copayment Tier 2 - \$30 copayment Tier 3 - \$45 copayment Tier 4 - \$55 copayment	20% coinsurance after deductible
Tier 1 - \$20 copayment Tier 2 - \$60 copayment Tier 3 - \$90 copayment Tier 4 - \$110 copayment	Tier 1 - \$20 copayment Tier 2 - \$60 copayment Tier 3 - \$90 copayment Tier 4 - \$110 copayment	20% coinsurance after deductible
20% coinsurance, no deductible	20% coinsurance, no deductible	20% coinsurance after deductible
\$40 copayment \$20 copayment Up to \$100 retail allowance**	\$40 copayment \$20 copayment Up to \$100 retail allowance**	\$15 copayment \$20 copayment Up to \$100 retail allowance**
Up to \$100 retail allowance Up to \$250 retail allowance	Up to \$100 retail allowance Up to \$250 retail allowance	Up to \$100 retail allowance Up to \$250 retail allowance
\$15 \$40	\$15 \$40	\$15 \$40
\$65 \$45	\$65 \$45	\$65 \$45
20% off retail	20% off retail	20% off retail
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible





# The Local Choice 2019 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Skilled Nursing Facility Stays (180-Day Per Stay Limit Per Member) Facility Services	\$0	\$0
Professional Provider Services	\$0	\$0
Spinal Manipulations and Other Manual Medical Interventions (30 Visits Per Plan Year Limit Per Member) Primary Care Physicians Specialty Care Providers	\$15 copayment \$25 copayment	\$20 copayment \$35 copayment
Surgery - See Hospital Services		
Therapy Services Infusion Services, Cardiac Rehabilitation Therapy, Chemotherapy, Radiation Therapy, Respiratory Therapy, Occupational Therapy, Physical Therapy, and Speech Therapy Facility Services Professional Provider Services - Primary Care Physicians - Specialty Care Providers	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
Wellness services Well Child (Office Visits at Specified Intervals Through Age 6) - Primary Care Physicians; - Specialty Care Providers; - Immunizations and Screening Tests	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
Routine Wellness - Age 7 & Older  • Annual Check-Up Visit (One Per Plan Year)  - Primary Care Physicians  - Specialty Care Providers  - Immunizations, Lab and X-Ray Services  • Routine Screenings, Immunizations, Lab and X-Ray Services (Outside of Annual	No copayment, coinsurance, or deductible  No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible  No copayment, coinsurance, or deductible
Check-Up Visit)  Preventive Care (One of Each Per Plan Year)  • Gynecological Exam  • Pap Test  • Mammography Screening  • Prostate Exam (Digital Rectal Exam)  • Prostate Specific Antigen Test  • Colorectal Cancer Screenings	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible

Key Advantage 500 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
\$0	\$0	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
\$25 copayment \$40 copayment	\$25 copayment \$40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
 \$40 сораушент 	\$40 сораушени 	20% consurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
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No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible





# **Health & Wellness Programs**

Be your healthy best! The TLC plans include access to a host of health and wellness programs to help you manage your health issues.

- Engage: Get a customized view of your benefits and health through a single health and wellness mobile app. Easy access to your health information, including after-hours care locations and out-of-pocket costs.
- **ConditionCare:** Take advantage of free and confidential support to manage these conditions:
  - Asthma
  - Heart failure
  - Diabetes
  - Hypertension
  - Chronic obstructive pulmonary disease (COPD)
  - High cholesterol
  - Coronary artery disease (CAD)
  - Metabolic syndrome
  - Obesity

You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other health care professionals, you may also opt out of the program when they call.

- Future Moms: Enroll and receive pre- and post-natal support. Access a nurse coach and other maternity support specially designed to help women have healthy pregnancies and healthy babies.
- MyHealth Advantage: Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.



See more information on Health & Wellness programs at **www.anthem.com/tlc.** 

- Staying Healthy Reminders: Receive yearly reminders of important checkups, tests, screenings, immunizations, and other preventive care needs for you and your family.
- o **GenericSelect Program:** Save money with GenericSelect. If you are taking a brand name drug that has an equally effective generic alternative, you may receive a mailing about an opportunity to switch to the lower cost generic drug. If you make the switch, you will pay zero copayment for the first GenericSelect prescription. Subsequent refills will cost you only the lower tier generic copayment.
- o 24/7 NurseLine & Audio Health Tape Library:

  Sometimes you need health questions answered right away even in the middle of the night. Call 24/7 NurseLine (800-337-4770) to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.



# **Quick Access to Your Plan**

## Anthem.com/tlc

Your dedicated website for health benefits documents, no log in needed



Download your health benefits summary and member handbook



Find a doctor and urgent care



Register for LiveHealth Online video doctor visits



Learn about your Employee Assistance Program (EAP)

## **Anthem.com**

Log in to your confidential and secure account



View your claims



Download your ID card



Find a doctor and urgent care



Refill prescriptions online



Compare costs for hundreds of medical procedures

# **Anthem Anywhere mobile app**







Log in using your anthem.com username and password to:



View your ID card



Find a doctor and urgent care

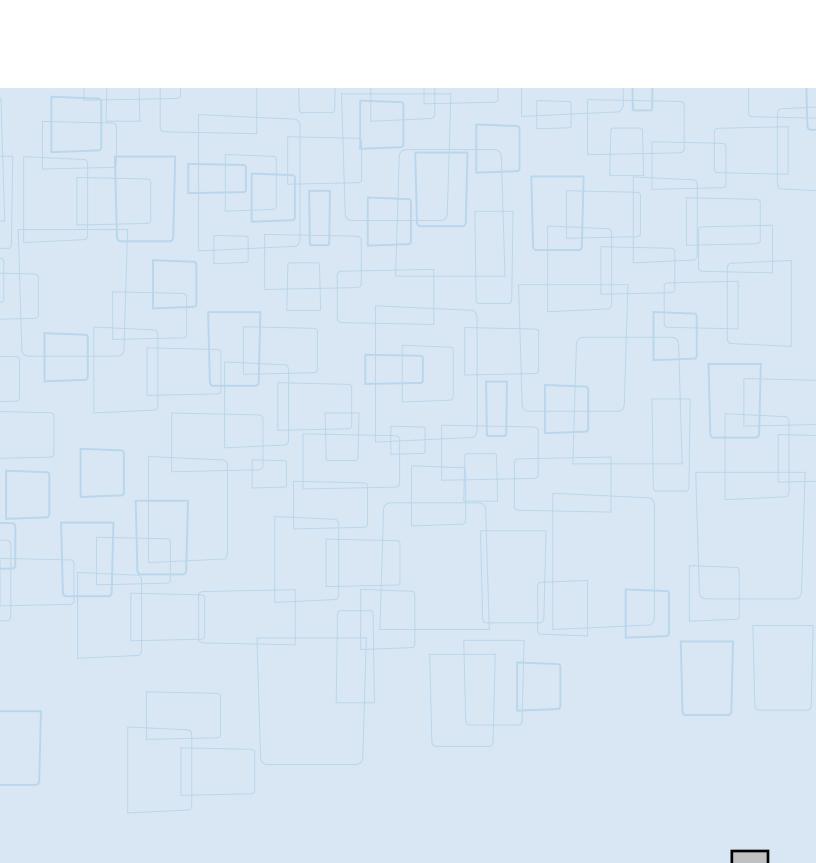


Compare costs for hundreds of medical procedures

## thelocalchoice.virginia.gov

This is your resource for forms, BES information and member notifications.







Section 6

Statewide Medicare
Plans Benefit
Summaries
(if you cover eligible retirees)

# 2019

# **ADVANTAGE 65 WITH DENTAL/VISION**

Effective January 1, 2019 - December 31, 2019

Medical, Dental and Vision administered by Anthem Blue Cross and Blue Shield





The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). The Advantage 65



with Dental/Vision plan may be offered to you if you are eligible for Medicare and to your Medicare-eligible family members by your group. Benefits are administered on a calendar year basis to coincide with your Medicare coverage. Changes in your monthly premium are effective July 1 (or October 1 for certain

school groups) to coincide with your former employer's The Local Choice (TLC) health plan renewal.

The Advantage 65 with Dental/Vision plan provides medical benefits that work with Medicare Part A and Part B. **It does not provide prescription drug coverage.** 

This guide is only an overview. For a complete description of the benefits, exclusions, limitations, and reductions, please see the Medicare Coordinating Plans Member Handbook.

# SERVICE AREA

Wherever retirees live.

# MEDICAL BENEFITS

To receive full benefits you must be enrolled under both Part A and Part B of Medicare. Always show both your Medicare card and your Anthem identification card when you receive care.

Advantage 65 covers the Medicare Part A hospital deductible (after you pay \$100) and copayment amounts, and the Part B copayment for Medicare-approved charges. It also covers out-of-country Major Medical services.

# CHOOSE HEALTH CARE PROVIDERS CAREFULLY

# **Physicians**

Ask your doctor if he or she is a Medicare participating physician. A doctor who participates in Medicare agrees to:

- File claims on your behalf
- Accept Medicare's payment for covered services

This means your copayment is limited to a percentage of the Medicare-approved charge. Go to **Medicare.gov** for additional information about Medicare-participating physicians.

This brochure describes benefits based on Medicare-approved charges. Doctors who do not accept assignments may not charge you any more than 15% above what Medicare considers a reasonable fee. This applies to all doctors and all services.

# Hospitals

Hospitals that participate in the Medicare program are covered. Admissions not approved by Medicare are not covered.

# **ADVANTAGE 65**

# **What The Plan Covers**

		Plan Pays
PART A SERVICES Hospital Inpatient	■ Medicare Part A hospital deductible less \$100 per benefit period, days 1-60	In full
	■ Medicare Part A daily hospital copayment amount, days 61-90	In full
	■ 100% of the allowable charge*, for eligible expenses for an additional 365 days.	In full
	Copayment amount for Medicare Lifetime Reserve Days (60 days available)	In full
Skilled Nursing Facility	Medicare Part A skilled nursing facility copayment, days 21-100 (Medicare covers days 1-20 in full.)	In full
	A daily amount equal to Medicare skilled nursing home copayment, days 101-180 (Medicare provides no coverage beyond 100 days.)	In full
		Plan Pays
PART B SERVICES Physician And Other Services (after you pay the Medicare Part B calendar year deductible)	<ul> <li>Part B copayment of Medicare-approved charges for services such as:</li> <li>Doctor's care</li> <li>Surgical services</li> <li>Outpatient x-ray and lab services</li> <li>Professional ambulance service</li> </ul>	In full
AT HOME RECOVERY SERVICES	<ul> <li>At-home recovery care for an illness or injury approved under a Medicare home health treatment plan. Benefits include:</li> <li>Home visits up to the number approved by Medicare, not to exceed 7 visits per week (This benefit applies to home health services, certified by a physician, for personal care during the recovery period)</li> </ul>	Up to \$40 per visit (limited to \$1,600 per calendar year)
		Plan Pays
OUT-OF-COUNTRY MAJOR MEDICAL		
SERVICES (after you pay \$250	Lifetime maximum	\$250,000
calendar year deductible)	Annual restoration of lifetime maximum (limited to the amount of benefits used in any one year)	\$2,000
Covered Services	■ Medically necessary services received in a foreign country	80% AC*
Out-Of-Pocket Expense Limit	■ In a calendar year when your out-of-pocket expenses for covered services reach \$1,200, the plan pays 100% of the allowable charge for the rest of the calendar year.	

\*Allowable Charge (AC) — The term has two meanings, depending on whether the service is provided by a doctor (or other health care professional) or a hospital. For care by a doctor or other health care professional, the allowable charge is the lesser amount of your plan's allowance for that service, or the provider's charge for that service. For hospital services, the allowable charge is the amount of the negotiated compensation to the facility for the covered service or the facility's charge for that service, whichever is less. For complete information about the allowable charge, please see the Medicare Coordinating Plans Member Handbook.

# **DENTAL/VISION BENEFITS**

## **Dental Benefits**

The plan pays up to \$1,500 per member per calendar year. It also pays 100% of the allowable charge for diagnostic and preventive services, such as oral examinations and dental x-rays. It pays 80% of the allowable charge for basic services, such as fillings, re-cementing of crowns, inlays and bridges, or repair of removable dentures. The remaining 20% is your responsibility. The plan also pays 5% for major services such as crowns, **dentures**, and implants.

When you need services, simply present your plan identification card to your dentist. If you go to an Anthem Dental Complete network dentist, you will be responsible only for your coinsurance. If services are provided by a non-network dentist, you pay your coinsurance, plus the difference, if any, between the plan's allowable charge for a covered service and the dentist's charge. Network dentists are listed on the Web at <a href="https://www.anthem.com/tlc">www.anthem.com/tlc</a>, or call Anthem Dental Complete at 1-855-648-1411 to determine if a dentist is in the network.

Plan Pays \$1,500 Maximum Per Person Per Calendar Year		In-Network You Pay
Diagnostic And Preventive Services	Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings	\$O
Basic Dental Care	Fillings, oral surgery, periodontal services, scaling, repair of dentures, root canals and other endodontic services, and recementing of existing crowns and bridges	20% AC**
Major Dental Care	Crowns (single crowns, inlays and onlays), prosthodontics (partial or complete dentures and fixed bridges) and dental implants.	95% AC**
Out-Of-Network Care	For services by a non-network dentist, you pay the applicable coinsurar the allowable charge.	nce plus any amounts above

<sup>\*\*</sup>Allowable Charge (AC) — The allowable charge is the lesser amount of the Anthem Dental Complete plan allowance for that covered service, or the provider's submitted charge for that covered service. Participating Anthem Dental Complete dentists have agreed to accept Anthem's payment, plus any required coinsurance (if applicable) as payment in full for covered benefits..

# **Routine Vision Benefits**

Your routine vision benefits are through the Anthem Blue View Vision network. Available once per calendar year, your vision benefits include a routine eye exam, eyewear and special eye accessory discounts. You may receive services from any ophthalmologist, optometrist, optician and/or retail location in the Anthem Blue View Vision network.

To locate an Anthem Blue View Vision provider, select Find A Doctor at <a href="www.anthem.com/tlc">www.anthem.com/tlc</a>, or contact Member Services at 800-552-2682 for assistance. To receive vision services, simply present your Anthem identification card to your Blue View Vision provider when you receive your eye exam or purchase covered eyewear. Your Blue View Vision provider will verify eligibility and file your claims.

While some vision benefits are also covered out-of-network, you will receive the most value when you choose a Blue View Vision provider. If you use an out-of-network provider, your benefits will be covered at a lower payment level. You will need to pay for covered services and purchases at the time of your visit and send an out-of-network claim form to Blue View Vision. The claim form is available at <a href="mailto:anthem.com/tlc">anthem.com/tlc</a> under Forms.

Certain non-routine vision care such as eye surgery may be covered under your primary medical coverage under your Medicare plan. Refer to your Medicare and You Handbook or contact Medicare for more information.

# **Vision Benefits Highlights**

Routine vision care services	In-Network You Pay	
Routine eye exam (once per calendar year)	\$20 copayment	
Eyeglass frames		
Once per calendar year you may select any eyeglass frame <sup>1</sup> allowance toward the purchase price:	\$100 allowance then 20% off remaining balance	
Standard Eyeglass Lenses Polycarbonate lenses included for children under 19 years old.		
Once per calendar year you may receive any one of the following lenses:		
<ul> <li>Standard plastic single vision lenses (1 pair)</li> <li>Standard plastic bifocal lenses (1 pair)</li> <li>Standard plastic trifocal lenses (1 pair)</li> <li>Standard progressive lenses (1 pair)</li> </ul>		\$20 copay; then covered in full \$20 copay; then covered in full \$20 copay; then covered in full \$85 copay; then covered in full
Upgrade Eyeglass Lenses (available for additional cost)	Lens options	Member cost for upgrades
When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lenses copayment applies, plus the cost for the upgrade.	<ul> <li>UV coating</li> <li>Tint (solid and gradient)</li> <li>Standard scratch resistance</li> <li>Standard polycarbonate</li> <li>Standard anti-reflective coating</li> <li>Other add-ons and services</li> </ul>	\$15 \$15 \$15 \$40 \$45 20% off retail price
Contact lenses	Lens options	
Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses (frames and lenses) and receive an allowance toward the cost of a supply of contact lenses once per calendar year.	<ul> <li>Elective conventional lenses<sup>2</sup></li> <li>Elective disposable lenses<sup>2</sup></li> <li>Non-elective contact lenses<sup>2</sup></li> </ul>	\$100 allowance then 15% off the remaining balance \$100 allowance (no additional discount) \$250 allowance (no additional discount)

<sup>&</sup>lt;sup>1</sup> Discount is not available on certain frame brands in which the manufacturer imposes a no-discount policy.

# **OPTIONS FOR PRESCRIPTION DRUG COVERAGE-**MEDICARE PART D

If you want prescription drug coverage, you must enroll in a separate Medicare Part D prescription drug plan.

Several Medicare Part D plan options are being offered. To determine what drug coverage option best meets your needs, consult the Medicare and You Handbook, call 1-800-MEDICARE (1-800-633-4227) or visit the Medicare Web site at <a href="https://www.medicare.gov">www.medicare.gov</a>.

<sup>&</sup>lt;sup>2</sup> Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when glasses are not an option for vision correction.

# Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

This notice has important information about your application or benefits. Look for important dates. You might need to take action by certain dates to keep your benefits or manage costs. You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

#### Spanish

Este aviso contiene información importante acerca de su solicitud o sus beneficios. Busque fechas importantes. Podría ser necesario que actúe para ciertas fechas, a fin de mantener sus beneficios o administrar sus costos. Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

#### **Amharic**

ይህ ማስታወቂያ ሰለማመልከቻዎ ወይም ጥቅማ ጥቅሞቸዎ ጠቃሚ መረጃ አለው። አስፈላጊ ቀኖችን ይፈልጉ። ጥቅማ ጥቅሞቸዎን ለማቆየት ወይም ክፍያዎችን ለመቆጣጠር በሆነ ቀን አንድ እርምጃ መውሰድ ያስፈልግዎ ይሆናል። ይህንን መረጃ እና እንዛ በቋንቋዎ በነጻ የማግኘት መብት አልዎት። ለእንዛ በመታወቂያዎ ላይ ያለውን የአባል አንልግሎቶች ቁጥር ይደውሉ። (TTY/TDD: 711)

#### Arabic

يحتوي هذا الإشعار على معلومات مهمة حول طلبك أو المزايا المقدمة لك. احرص على تتبع المواعيد المهمة. قد تحتاج إلى اتخاذ إجراء قبل مواعيد محددة للاحتفاظ بالمزايا أو لإدارة التكلفة. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. يُرجى الاتصال برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD:711).

#### Bassa

Bỗi-po-po nìà ke bédé bỗ kpade bá nì de-mó-dìfèdè moo kpáná-dè bẽ mì ké dyée dyí. Mì me mó wé kpade bẽ dyi. Bé nì kpáná-dè bẽ ké mì xwa se moo bế mì ké píó xwa bếìn nyee, o mu wềìn bế mì kéó de bẽ ti kỗ nyùìn. Mì bédé dyí-bèdèìn-dèò bế mì ké bỗ nìà ke kè gbo-kpá-kpá dyé dé mì bídí-wùdùǔn bố pídyi. Đá Mếbà jè gbo-gmò Kpòè nòbà nìà nì Dyí-dyoìn-bềɔ̃ kɔ̃e, bố gbo-kpá-kpá dyé jè. (TTY/TDD: 711)

#### Bengali

আপনার আবেদন বা সুবিধার বিষয়ে এই বিজ্ঞপ্তিটিতে গুরুত্বপূর্ণ তথ্য রয়েছে। গুরুত্বপূর্ণ তারিখগুলির জন্য দেখুন। আপনার সুবিধাগুলি বজায় রাখার জন্য বা থরচ নিয়ন্ত্রণ করার জন্য নির্দিষ্ট তারিখে আপনাকে কাজ করতে হতে পারে। বিনামূল্যে এই তথ্য পাওয়ার ও আপনার ভাষায় সাহায্য করার অধিকার আপনার আছে। সাহায্যের জন্য আপনার আইডি কার্ডে থাকা সদস্য পরিষেবা নম্বরে কল করুন। (TTY/TDD: 711)

#### Chinese

本通知有與您的申請或利益相關的重要資訊。請留意重要日期。您可能需要在特定日期前採取行動以維護您的利益或管理費用。您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

#### Farsi

این اطلاعیه حاوی اطلاعات مهم در مورد درخواست یا مزایای شما است. به تاریخهای مهم دقت کنید. ممکن است لازم باشد در برخی تاریخهای خاص اقدامی انجام دهید تا مزایای خود را حفظ کنید یا هزینهها را مدیریت کنید. شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید(TTY/TDD:711).

#### French

Cette notice contient des informations importantes sur votre demande ou votre couverture. Vous y trouverez également des dates à ne pas manquer. Il se peut que vous deviez respecter certains délais pour conserver votre couverture santé ou vos remboursements. Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

#### German

Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Ihren Beihilfeleistungen. Prüfen Sie die Mitteilung auf wichtige Termine. Möglicherweise müssen Sie bis zu einem bestimmten Datum Maßnahmen ergreifen, um Ihre Beihilfeleistungen oder Kostenzuschüsse aufrechtzuerhalten. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

#### Hindi

इस सूचना में आपके आवेदन या लाभों के बारे में महत्वपूर्ण जानकारी है। महत्वपूर्ण तिथियाँ देखें। अपने लाभ बनाए रखने या लागत का प्रबंध करने के लिए, आपको निश्चित तिथियों तक कार्रवाई करने की ज़रूरत हो सकती है। आपके पास यह जानकारी और मदद अपनी भाषा में मुफ़्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें। (TTY/TDD: 711)

#### labo

Okwa a nwere ozi di mkpa gbasara akwukwo anamachoihe ma o bu elele gi. Chogharia ubochi ndi di mkpa. I nwere ike ime ihe n'ufodu ubochi iji dowe elele gi ma o bu jikwaa onuego. I nwere ikike inweta ozi a yana enyemaka n'asusu gi n'efu. Kpoo nomba Oru Onye Otu di na kaadi NJ gi maka enyemaka. (TTY/TDD: 711)

#### Korean

이 공지사항에는 귀하의 신청서 또는 혜택에 대한 중요한 정보가 있습니다. 중요 날짜를 살펴 보십시오. 혜택을 유지하거나 비용을 관리하기 위해 특정 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

#### Russian

Настоящее уведомление содержит важную информацию о вашем заявлении или выплатах. Обратите внимание на контрольные даты. Для сохранения права на получение выплат или помощи с расходами от вас может потребоваться выполнение определенных действий в указанные сроки. Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (ТТҮ/TDD: 711)

#### **Tagalog**

May mahalagang impormasyon ang abisong ito tungkol sa inyong aplikasyon o mga benepisyo. Tukuyin ang mahahalagang petsa. Maaaring may kailangan kayong gawin sa ilang partikular na petsa upang mapanatili ang inyong mga benepisyo o mapamahalaan ang mga gastos. May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

#### Urdu

یہ نوٹس آپ کی درخواست یا فائدوں کے بارے میں اہم معلومات پر مشتمل ہے۔ اہم تاریخیں دیکھیے۔ اپنے فائدوں یا لاگئوں کو منظم کرنےکے لیے آپ کو بعض تاریخوں پر اقدام کرنے کی ضرورت ہوسکتی ہے۔ آپ کو اپنی زبان میں مفت ان معلومات اور مدد کےحصول کا حق ہے۔ مدد کے لیے اپنے آئی ڈی کارڈ پر موجود ممبر سروس نمبر کو کال کریں۔ (TTY/TDD:711)

#### Vietnamese

Thông báo này có thông tin quan trọng về đơn đang ký hoặc quyền lợi bảo hiểm của quý vị. Hãy tìm các ngày quan trọng. Quý vị có thể cần phải có hành động trước những ngày nhất định để duy trì quyền lợi bảo hiểm hoặc quản lý chi phí của mình. Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho Dịch Vụ Thành Viên trên thẻ ID của quý vi để được giúp đỡ. (TTY/TDD: 711)

#### Yoruba

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That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>. Complaint forms are available at <a href="https://www.hhs.gov/ocr/office/file/index.html">https://www.hhs.gov/ocr/office/file/index.html</a>.



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Monday through Friday 8:00 a.m. – 6:00 p.m.

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On the Web at www.anthem.com/tlc

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THE LOCAL CHOICE

The Local Choice Health Benefits Program

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Department of Human Resource Management

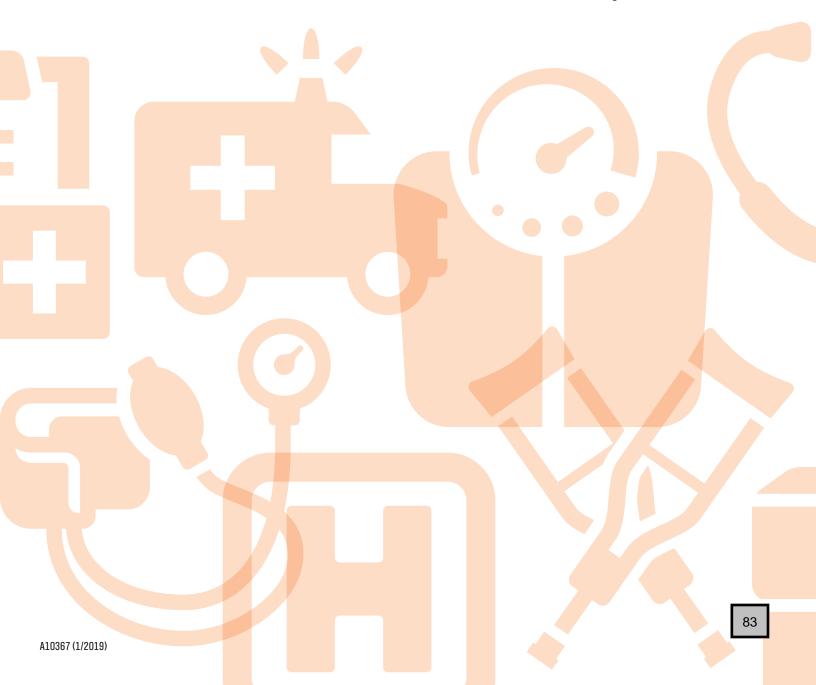
101 North 14th Street – 13th Floor

Richmond, VA 23219

On the Web at www.thelocalchoice.virginia.gov

**MEDICARE** 

**1-800-MEDICARE** (1-800-633-4227) On the Web at **www.medicare.gov** 



# 2019 ADVANTAGE 65

Effective January 1, 2019 - December 31, 2019

Health Benefits Plan Administered by Anthem Blue Cross and Blue Shield





The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). The Advantage 65 plan may be offered to you if you are eligible for Medicare and to your



Medicare-eligible family members by your group. Benefits are administered on a calendar year basis to coincide with your Medicare coverage. Changes in your monthly premium are effective July 1 (or October 1 for certain school groups) to coincide with your former employer's The Local Choice (TLC) health plan renewal.

The Advantage 65 plan provides medical benefits that work with Medicare Part A and Part B. **It does not provide prescription drug coverage.** 

This guide is only an overview. For a complete description of the benefits, exclusions, limitations, and reductions, please see the Medicare Coordinating Plans Member Handbook.

# **SERVICE AREA**

Wherever retirees live.

# **HOW THE PLAN WORKS**

To receive full benefits you must be enrolled under both Part A and Part B of Medicare. Always show both your Medicare card and your Anthem identification card when you receive care.

Advantage 65 covers the Medicare Part A hospital deductible (after you pay \$100) and copayment amounts, and the Part B copayment for Medicare-approved charges. It also covers out-of-country Major Medical services.

# CHOOSE HEALTH CARE PROVIDERS CAREFULLY

# **Physicians**

Ask your doctor if he or she is a Medicare participating physician. A doctor who participates in Medicare agrees to:

- File claims on your behalf
- Accept Medicare's payment for covered services

This means your copayment is limited to a percentage of the Medicare-approved charge. Go to <u>Medicare.gov</u> for additional information about Medicare-participating physicians.

This brochure describes benefits based on Medicare-approved charges. Doctors who do not accept assignments may not charge you any more than 15% above what Medicare considers a reasonable fee. This applies to all doctors and all services.

# Hospitals

Hospitals that participate in the Medicare program are covered. Admissions not approved by Medicare are not covered.

# **ADVANTAGE 65**

# What The Plan Covers

		Plan Pays
PART A SERVICES		1.611
Hospital Inpatient	Medicare Part A hospital deductible less \$100 per benefit period, days 1-60	In full
	Medicare Part A daily hospital copayment amount, days 61-90	In full
	■ 100% of the allowable charge*, for eligible expenses for an additional 365 days.	In full
	■ Copayment amount for Medicare Lifetime Reserve Days (60 days available)	In full
Skilled Nursing Facility	■ Medicare Part A skilled nursing facility copayment, days 21-100 (Medicare covers days 1-20 in full.)	In full
	A daily amount equal to Medicare skilled nursing home copayment, days 101-180 (Medicare provides no coverage beyond 100 days.)	In full
		Plan Pays
PART B SERVICES Physician And Other Services	■ Part B copayment of Medicare-approved charges for services such as:	In full
(after you pay the Medicare	Fait D copayment of Medicare-approved charges for services such as:	IIIIuli
Part B calendar year deductible)	• Doctor's care	
	• Surgical services	
	<ul> <li>Outpatient x-ray and lab services</li> <li>Professional ambulance service</li> </ul>	
AT HOME RECOVERY	At-home recovery care for an illness or injury approved under a Medicare	 Up to \$40 per
SERVICES	home health treatment plan. Benefits include:	visit (limited
	Home visits up to the number approved by Medicare, not to exceed	to \$1,600 per
	7 visits per week (This benefit applies to home health services, certified by a physician, for personal care during the recovery period)	calendar year)
		Plan Pays
OUT-OF-COUNTRY MAJ		
MEDICAL SERVICES (after you pay \$250	Lifetime maximum	\$250,000
calendar year deductible)	Annual restoration of lifetime maximum (limited to the amount of benefits used in any one year)	\$2,000
Covered Services	■ Medically necessary services received in a foreign country	80% AC*
Out-Of-Pocket Expense Limit	■ In a calendar year when your out-of-pocket expenses for covered services reach \$1,200, the plan pays 100% of the allowable charge for the rest of the calendar year.	

<sup>\*</sup>Allowable Charge (AC) — The term has two meanings, depending on whether the service is provided by a doctor (or other health care professional) or a hospital. For care by a doctor or other health care professional, the allowable charge is the lesser amount of your plan's allowance for that service, or the provider's charge for that service. For hospital services, the allowable charge is the amount of the negotiated compensation to the facility for the covered service or the facility's charge for that service, whichever is less. For complete information about the allowable charge, please see the Medicare Coordinating Plans Member Handbook.

# OPTIONS FOR PRESCRIPTION DRUG COVERAGE—MEDICARE PART D

If you want prescription drug coverage, you must enroll in a separate Medicare Part D prescription drug plan.

Several Medicare Part D plan options are being offered. To determine what drug coverage option best meets your needs, consult the Medicare and You Handbook, call **1-800-MEDICARE** (1-800-633-4227) or visit the Medicare Web site at **www.medicare.gov**.

# Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

This notice has important information about your application or benefits. Look for important dates. You might need to take action by certain dates to keep your benefits or manage costs. You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

#### Spanish

Este aviso contiene información importante acerca de su solicitud o sus beneficios. Busque fechas importantes. Podría ser necesario que actúe para ciertas fechas, a fin de mantener sus beneficios o administrar sus costos. Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

#### **Amharic**

ይህ ማስታወቂያ ሰለማመልከቻዎ ወይም ጥቅማ ጥቅሞቸዎ ጠቃሚ መረጃ አለው። አስፈላጊ ቀኖችን ይፈልጉ። ጥቅማ ጥቅሞቸዎን ለማቆየት ወይም ክፍያዎችን ለመቆጣጠር በሆነ ቀን አንድ እርምጃ መውሰድ ያስፈልግዎ ይሆናል። ይህንን መረጃ እና እንዛ በቋንቋዎ በነጻ የማግኘት መብት አልዎት። ለእንዛ በመታወቂያዎ ላይ ያለውን የአባል አንልግሎቶች ቁጥር ይደውሉ። (TTY/TDD: 711)

#### Arabic

يحتوي هذا الإشعار على معلومات مهمة حول طلبك أو المزايا المقدمة لك. احرص على تتبع المواعيد المهمة. قد تحتاج إلى اتخاذ إجراء قبل مواعيد محددة للاحتفاظ بالمزايا أو لإدارة التكلفة. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. يُرجى الاتصال برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD:711).

#### Bassa

Bỗi-po-po nià ke bédé bỗ kpade bá nì de-mó-dìfèdè moo kpáná-dè bẽ mì ké dyée dyí. Mì me mó wé kpade bẽ dyi. Bé nì kpáná-dè bẽ ké mì xwa se moo bế mì ké píó xwa bếìn nyee, o mu wềìn bế mì kéó de bẽ ti kỗ nyùìn. Mì bédé dyí-bèdèìn-dèò bế mì ké bỗ nià ke kè gbo-kpá-kpá dyé dé mì bídí-wùdùǔn bố pídyi. Đá Mébà jè gbo-gmò Kpòè nòbà nià nì Dyí-dyoìn-bèɔ̃ kɔ̃e, bố gbo-kpá-kpá dyé jè. (TTY/TDD: 711)

#### Bengali

আপনার আবেদন বা সুবিধার বিষয়ে এই বিজ্ঞপ্তিটিতে গুরুত্বপূর্ণ তথ্য রয়েছে। গুরুত্বপূর্ণ তারিখগুলির জন্য দেখুন। আপনার সুবিধাগুলি বজায় রাখার জন্য বা খরচ নিয়ন্ত্রণ করার জন্য নির্দিষ্ট তারিখে আপনাকে কাজ করতে হতে পারে। বিনামূল্যে এই তথ্য পাওয়ার ও আপনার ভাষায় সাহায্য করার অধিকার আপনার আছে। সাহায্যের জন্য আপনার আইডি কার্ডে থাকা সদস্য পরিষেবা নম্বরে কল করুন। (TTY/TDD: 711)

#### Chinese

本通知有與您的申請或利益相關的重要資訊。請留意重要日期。您可能需要在特定日期前採取行動以維護您的利益或管理費用。您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

#### Farsi

این اطلاعیه حاوی اطلاعات مهم در مورد درخواست یا مزایای شما است. به تاریخهای مهم دقت کنید. ممکن است لازم باشد در برخی تاریخهای خاص اقدامی انجام دهید تا مزایای خود را حفظ کنید یا هزینهها را مدیریت کنید. شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید(TTY/TDD:711).

#### French

Cette notice contient des informations importantes sur votre demande ou votre couverture. Vous y trouverez également des dates à ne pas manquer. Il se peut que vous deviez respecter certains délais pour conserver votre couverture santé ou vos remboursements. Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

#### German

Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Ihren Beihilfeleistungen. Prüfen Sie die Mitteilung auf wichtige Termine. Möglicherweise müssen Sie bis zu einem bestimmten Datum Maßnahmen ergreifen, um Ihre Beihilfeleistungen oder Kostenzuschüsse aufrechtzuerhalten. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

#### Hindi

इस सूचना में आपके आवेदन या लाभों के बारे में महत्वपूर्ण जानकारी है। महत्वपूर्ण तिथियाँ देखें। अपने लाभ बनाए रखने या लागत का प्रबंध करने के लिए, आपको निश्चित तिथियों तक कार्रवाई करने की ज़रूरत हो सकती है। आपके पास यह जानकारी और मदद अपनी भाषा में मुफ़्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें। (TTY/TDD: 711)

#### labo

Okwa a nwere ozi di mkpa gbasara akwukwo anamachoihe ma o bu elele gi. Chogharia ubochi ndi di mkpa. I nwere ike ime ihe n'ufodu ubochi iji dowe elele gi ma o bu jikwaa onuego. I nwere ikike inweta ozi a yana enyemaka n'asusu gi n'efu. Kpoo nomba Oru Onye Otu di na kaadi NJ gi maka enyemaka. (TTY/TDD: 711)

#### Korean

이 공지사항에는 귀하의 신청서 또는 혜택에 대한 중요한 정보가 있습니다. 중요 날짜를 살펴 보십시오. 혜택을 유지하거나 비용을 관리하기 위해 특정 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

#### Russian

Настоящее уведомление содержит важную информацию о вашем заявлении или выплатах. Обратите внимание на контрольные даты. Для сохранения права на получение выплат или помощи с расходами от вас может потребоваться выполнение определенных действий в указанные сроки. Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (ТТҮ/TDD: 711)

#### **Tagalog**

May mahalagang impormasyon ang abisong ito tungkol sa inyong aplikasyon o mga benepisyo. Tukuyin ang mahahalagang petsa. Maaaring may kailangan kayong gawin sa ilang partikular na petsa upang mapanatili ang inyong mga benepisyo o mapamahalaan ang mga gastos. May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

#### Urdu

یہ نوٹس آپ کی درخواست یا فائدوں کے بارے میں اہم معلومات پر مشتمل ہے۔ اہم تاریخیں دیکھیے۔ اپنے فائدوں یا لاگئوں کو منظم کرنےکے لیے آپ کو بعض تاریخوں پر اقدام کرنے کی ضرورت ہوسکتی ہے۔ آپ کو اپنی زبان میں مفت ان معلومات اور مدد کےحصول کا حق ہے۔ مدد کے لیے اپنے آئی ڈی کارڈ پر موجود ممبر سروس نمبر کو کال کریں۔ (TTY/TDD:711)

#### Vietnamese

Thông báo này có thông tin quan trọng về đơn đang ký hoặc quyền lợi bảo hiểm của quý vị. Hãy tìm các ngày quan trọng. Quý vị có thể cần phải có hành động trước những ngày nhất định để duy trì quyền lợi bảo hiểm hoặc quản lý chi phí của mình. Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

#### Yoruba

Àkíyèsí yìí ní ìwífún pàtàkì nípa ìbéèrè tàbí àwọn ànfàní rẹ. Wá déètì pàtàkì. O le ní láti gbé ìgbésè ní déètì kan pàtó láti tójú àwọn ànfàní tàbí ṣàkóso iye owó rẹ. O ní ètó láti gba ìwífún yìí kí o sì ṣèrànwó ní èdè rẹ lófèé. Pe Nómbà àwọn ìpèsè omo-egbé lórí káàdì ìdánimò rẹ fún ìrànwó. (TTY/TDD: 711)

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That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>. Complaint forms are available at <a href="https://www.hhs.gov/ocr/office/file/index.html">https://www.hhs.gov/ocr/office/file/index.html</a>.



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Monday through Friday 8:00 a.m. – 6:00 p.m.

Saturday 9:00 a.m. – 1:00 p.m. On the Web at **www.anthem.com/tlc** 

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THE LOCAL CHOICE

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Commonwealth of Virginia

Department of Human Resource Management

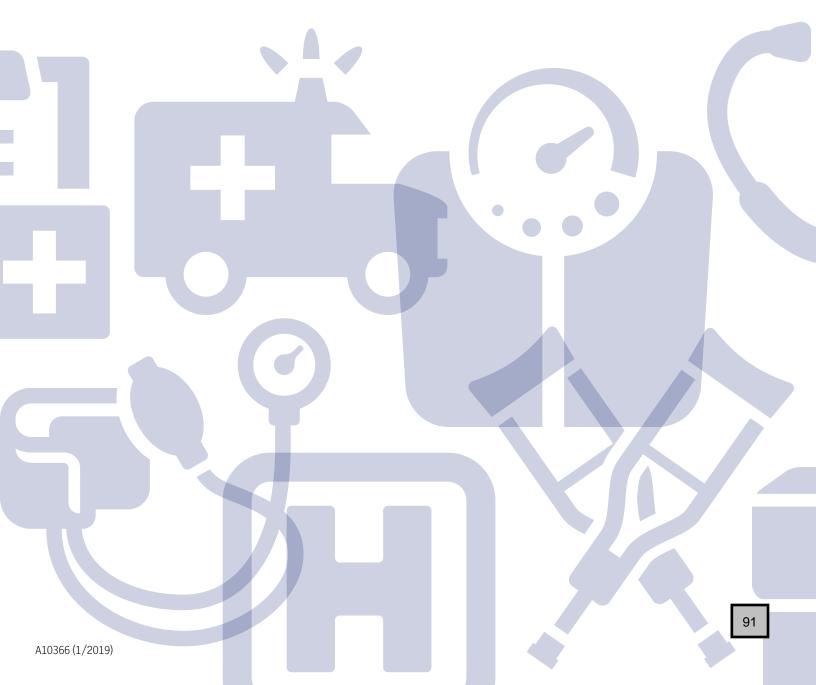
. 101 North 14th Street – 13th Floor

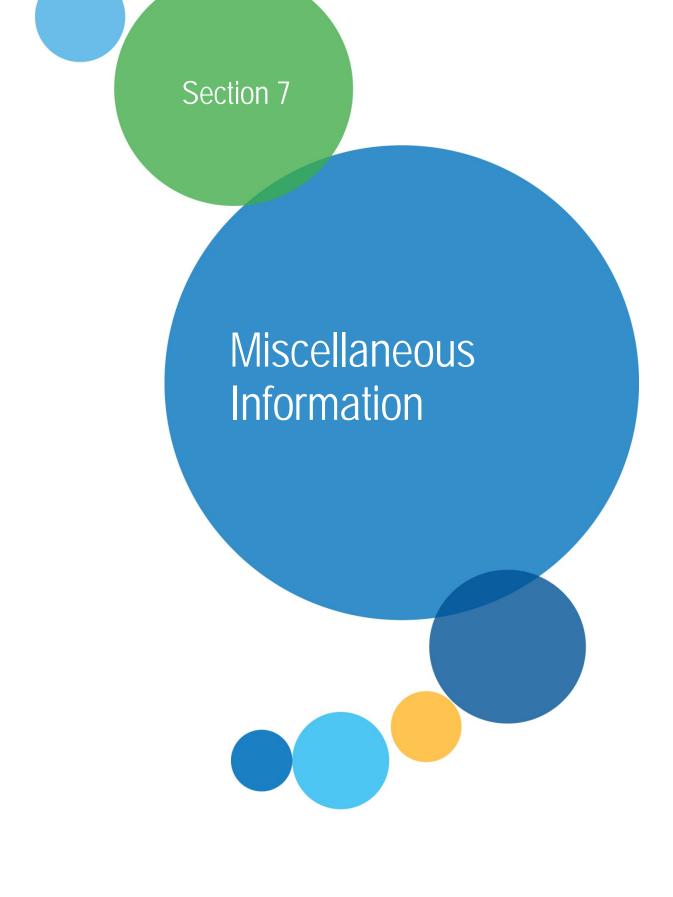
Richmond, VA 23219

On the Web at  $\underline{\textbf{www.thelocalchoice.virginia.gov}}$ 

**MEDICARE** 

**1-800-MEDICARE** (1-800-633-4227) On the Web at <u>www.medicare.gov</u>









# Language Assistance Statement The

Local Choice Program

The Commonwealth of Virginia's State and Local Health Benefits Programs (the "Health Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Nondiscrimination Notice lists the services available and how to file a complaint if you feel that the Health Plan has failed to provide these services or discriminated in another way.

ATTENTION: If you need help in the language you speak, language assistance services are available to you free of charge. Send your request for language assistance to <a href="mailto:appeals@dhrm.virginia.gov">appeals@dhrm.virginia.gov</a> or fax to 804-786-0356.

#### **Spanish:**

ATENCIÓN: Si necesita ayuda en el idioma que habla, servicios de asistencia lingüística están a su disposición de forma gratuita. Envíe su solicitud de asistencia lenguaje para appeals@dhrm.virginia.gov~V o por fax al 804-786-0356.

#### Korean:

주의: 당신이 말하는 언어로 도움이 필요한 경우, 언어 지원 서비스를 무료로 당신에게 사용할 수 있습니다. 804-786-0356에 언어 appeals@dhrm.virginia.gov~~V하는 지원이나 팩스에 대한 요청을 보냅니다.

#### Vietnamese:

Chú ý: Nếu bạn cần giúp đỡ trong ngôn ngữ bạn nói, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho bạn miễn phí. Gửi yêu cầu để được hỗ trợ ngôn ngữ để appeals@dhrm.virginia.gov~~V hoặc fax 804-786-0356.

#### **Chinese:**

注意:如果你需要在你講的語言幫助,語言協助服務提供給您免費。發送您的語言協助appeals@dhrm.virginia.gov~~V或傳真至804-786-0356請求。

#### Arabic:

تنبيه: إذا كنت بحاجة إلى مساعدة في اللغة التي يتكلم، تتوفر لك خدمات المساعدة اللغوية مجانا. إرسال طلب للحصول على أو الفاكس إلى appeals @dhrm.virginia.gov~~V.0356-786-804 أو الفاكس إلى 408-786-786

#### **Persian**:

#### **Amharic:**

አዳምጥ: አንተየ ሚናገሩት ቋንቋ እርዳታየ ሚፈልጉ ከሆነ ,የቋንቋ እርዳታ አገልጣሎቶች ከክፍያ ነፃ ለእርስዎ የ ሚገኙናቸው. 804-786-0356 ቋንቋ appeals@dhrm.virginia.gov~~V እርዳታ ወይም በፋክስ ጥያቄዎን ይላኩ.

#### **Urdu:**

کو آپ انہ چارج کے مے مہ فت خدمات کی مدد کی زبان تو، ہے درکار مدد میں زبان آپ اگر : وجمتوجہ: اگر آپ آپ انہ چارج کے مہ فت خدمات کی مدد کی نبان تو، ہے درکار مدد میں زبان آپ اگر : یہ یہ یہ یہ درکو است کی اس یہ است کی اس کی انہ بیت کے بیت کی خدمات کی انہ ہم نبات کی انہ کے کہ نبات کی انہ ہم نبات کی انہ کر انہ کی انہ ہم نبات کی انہ کر انہ کی انہ کر انہ کر

#### French:

ATTENTION: Si vous avez besoin d'aide dans la langue que vous parlez, les services d'assistance linguistique sont à votre disposition gratuitement. Envoyez votre demande d'assistance linguistique pour appeals@dhrm.virginia.gov~V ou par télécopieur au 804-786-0356.

#### **Russian:**

ВНИМАНИЕ: Если вам нужна помощь на языке вы говорите, переводческие услуги доступны бесплатно. Отправьте запрос о помощи языка к appeals@dhrm.virginia.gov~~HEAD=pobj~~V или по факсу 804-786-0356.

#### Hindi:

ध्यान दें: आप भाषा बोलते हैं आप में मदद की जरूरत है, भाषा सहायता सेवाओं के प्रभार से मुक्त आप के लिए उपलब्ध हैं। appeals@dhrm.virginia.gov~~V करने के लिए या फैक्स भाषा सहायता 804-786-0356 करने के लिए आपके अन्रोध भेजें।

#### German:

ACHTUNG: Wenn Sie in der Sprache sprechen Sie Hilfe benötigen, die Sprache Hilfeleistungen zur Verfügung stehen Ihnen kostenlos zur Verfügung. Senden Sie Ihre Anfrage für sprachliche Unterstützung zu appeals@dhrm.virginia.gov~~V oder Fax an 804-786-0356.

#### Bengali:

দৃষ্টি আকর্ষণ: আপনি ভাষা আপনি কথা বলতে সাহায্য প্রয়োজন হয়, তাহলে ভাষা সহায়তা সেবা নিখরচা আপনার জন্য উপলব্ধ. appeals@dhrm.virginia.gov~~V অথবা ফ্যাক্স ভাষা সহায়তা 804-786-0356 করার জন্য আপনার অনুরোধ পাঠান.

#### Bassa:

Dè dε nìà kε dyédé gbo: Ͻ jǔ ké m̀ [Bàsóò-wùdù-po-nyò] jǔ ní, nìí, à wudu kà kò dò po-poòbéìn m̀ gbo kpáa. Đá 804-786-0353.

#### Igo (Igbo):

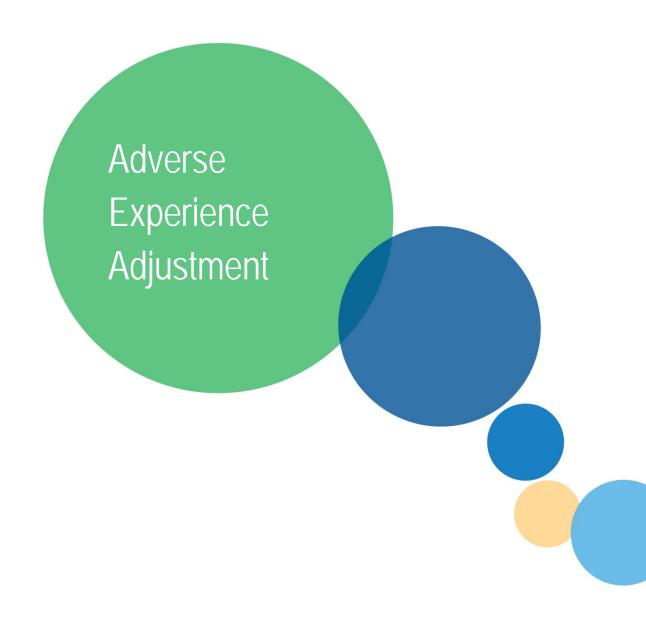
Nti: Q buru na i choro enyemaka na asusu i na-asu, asusu aka oru di ka i n'efu. Send gi aririo maka asusu aka appeals@dhrm.virginia.gov~V ma o bu faksi ka 804-786-0356.

#### Yoruba:

Akiyesi: Ti o ba nilo iranlowo ninu ede ti o soro, ede iranlowo işe ni o wa wa si o free ti idiyele. Fi ìbéèrè re fun ede iranlowo to appeals@dhrm.virginia.gov tabi Faksi to 804-786-0356.

#### **Filipino(Tagalog):**

Pansin: Kung kailangan mo ng tulong sa wikang nagsasalita ka, serbisyo ng tulong sa wika ay magagamit sa iyo nang walang bayad. Ipadala ang iyong kahilingan para sa tulong sa wika upang appeals@dhrm.virginia.gov~~V o fax sa 804-786-0356.





Sections 1VAC55-20-160 D and 1VAC55-20-300 of the Virginia Administrative Code, the regulations under which The Local Choice (TLC) program operates, provide for a potential Adverse Experience Adjustment to withdrawing employers. This adjustment requires any withdrawing employer to contribute their pro rata share of any operating loss experienced during prior plan years. Although the regulations permit a multi-year review of profits and losses, it is the policy of the Department to confine any applicable Adverse Experience Adjustment to the experience of the last plan year during which the employer was a member. The following illustrations have been prepared to assist our members in understanding how an Adverse Experience Adjustment would be calculated.

The basis for determining any Adverse Experience Adjustment will be (1) the amount of the program's loss for the most recent plan year, (2) the experience of the employer, and (3) the proportion of the employer's enrollment to the enrollment for the entire category. Employers are divided into three categories.

- 1. Employers with 1 to 99 enrollees (Pooled)
- 2. Employers with 100 to 299 enrollees (Blended)
- 3. Employers with over 299 enrollees (Experience Rated)

A statement of income and expenses is prepared for each category based upon its experience. (The third category is comprised of experience rated employers. Each group is responsible for their own claims, whether or not the entire category of experience rated employers sustains a loss.)

#### EMPLOYERS WITH FEWER THAN 300 ENROLLEES (CATEGORIES 1 & 2)

The first step in the adjustment process is to determine the total number of contract units (C/Us) for each category for the past plan year. A contract unit is determined by the following factors applied to the type of membership times the number of month's participation for each enrollee: an employee only contract has



one C/U; an employee plus one contract has 1.85 C/Us; a family contract has 2.7 C/Us. Therefore, the number of contracts by each membership type is accumulated, and the total contract units for that category is computed based on the stated factors as follows:

Type of Membership	<b>Total Contracts</b>	C/U Factor	Total C/Us
Employee only x 12 =	4,500	1.0	4,500
Employee + One x 12 =	2,200	1.85	4,070
Family x 12 =	<u>3,300</u>	2.7	<u>8,910</u>
Total	10,000		17,480

The next step is to determine the total number of contract units for the withdrawing employer during the plan year using the same method illustrated above. The withdrawing employer's pro rata share of the contract units is then applied to the category's loss to determine the adverse experience adjustment for the withdrawing employer. The following example illustrates an adverse experience calculation for employers in categories 1 and 2.

#### **EXAMPLE \*:**

ASSUMPTIONS: Loss for the category is \$1,000,000. Total category contract units equal 17,480. The terminating employer had 1,878 C/Us during the review year.

- 1. Employer's C/Us divided by category's C/Us equals employer's pro rata share.
- 2. Employer's share times the category's loss equals the employer's Adverse Experience Adjustment.

**CALCULATIONS**: 1,878 / 17,480 = 10.74% X \$1,000,000 = \$107,437

In the example, the employer would have an Adverse Experience Adjustment of \$107,437 at the time of termination. The terminating employer would be notified of this amount within 6 months of termination, and the employer would be required to pay the adjustment in up to 12 equal installments beginning 30 days after the notification by the Department.

It is possible that one category could experience a loss, subjecting employers in that category to an Adverse Experience Adjustment, while another category could operate at a surplus and require no Adverse Experience Adjustment to a terminating group.

<sup>\*</sup> Examples are for illustration only and have no bearing on the actual experience of a pool/category or individual group.



**EMPLOYERS WITH OVER 299 ENROLLEES (CATEGORY 3)** 

The maximum Adverse Experience Adjustment which would be due from each terminating employer in this category would be that employer's loss during the immediate past plan year based upon the employer's plan(s) expenses and its pro rata share of the program overhead. Prior years' performance during which the employer was experience rated would be taken into consideration, if favorable to the employer, but the Adverse Experience Adjustment would never exceed the last plan year's loss.

An employer in this category withdrawing at the end of a year in which they did not have a loss would not be assessed an Adverse Experience Adjustment. Another employer that withdrew with a \$100,000 loss during the last plan year would be subject to a maximum Adverse Experience Adjustment of the \$100,000 loss paid in equal installments over a 12-month period. An illustration follows:

#### **SAMPLE ILLUSTRATION \***

#### **ANY CATEGORY 3 EMPLOYER**

THE LOCAL CHOICE HEALTH CARE PROGRAM
Operating Statement
July 1, 2010 through June 30, 2011

INCOME EXPENSES:	\$1,519,543
Incurred Claims	\$1,417,129
Contractor Administration	128,107
Pooled Capitation (Rx, Dental and MISA)	55,290
Program Overhead	19,017
Total Expenses	\$1,619,543
GAIN OR (LOSS)	(\$100,000)

If this employer had withdrawn on June 30, 2011, the maximum Adverse Experience Adjustment would have been the operating loss of \$100,000. However, prior year's accumulated gains could be applied to reduce any current year loss.

Likewise, if an employer withdraws from the program and the review analysis reflects a gain for the immediate past plan year, there would be no Adverse Experience Adjustment, even if their accumulated experience was a loss.

<sup>\*</sup> Examples are for illustration only and have no bearing on the actual experience of a pool/category or individual group.





## BES Enrollment Report

Weekly report of total membership in BES for your group – one report shows participants and the other shows corresponding covered dependents. It is available on the 3rd, 10th, 17th and 24th of each month. The reports posted on the 3rd, 10th, and 17th list the membership in BES in effect the first of that month. The report posted on the 24th lists the membership in BES in effect the first of the next month. (For example, the reports posted on April 3rd, 10th, and 17th show membership in effect April 1 and the report posted on April 24th shows membership in effect May 1.)

# BES Exception Report

Monthly report listing a variety of discrepancies found in BES that need attention. Note that missing SSNs or TINs are on this report.

# BES Termination Report

Monthly report identifying participants and dependents recently terminated (cancelled).

#### BES Turnaround

Daily report for each successful action made in BES before 5:30 PM. This is the official record of enrollment.

# BES Turnaround Summary

Daily report listing all actions that created a BES Turnaround.

## BES ACA Reconciliation Report

Monthly report of calendar year records in BES for your group

## BES Dependent Age 26 Approaching Termination Report

Created in August and October of each year identifying participants who have a covered child reaching Age 26 sometime during the current year. (Note: This report does not include children added to BES after the report's run date.)

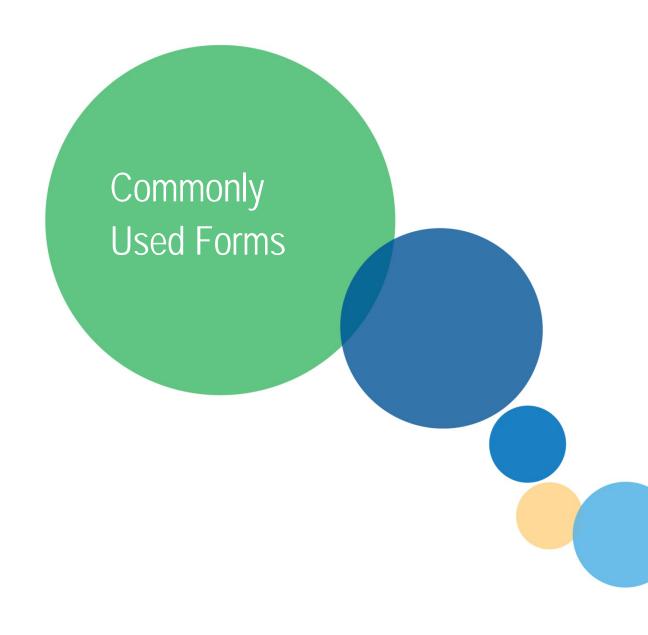
#### BES Dependent Age 26 Termination Report

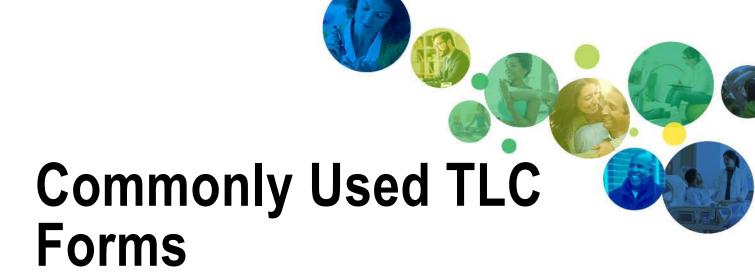
Created in January of each year showing dependents removed from BES the last day of the previous year because they reached the age that makes them ineligible.



BES Persons Eligible for Medicare

Monthly report identifying individuals (participants and spouses) approaching Age 65. (Note: This report looks 3 months ahead of the individual's DOB. For example, a person turning Age 65 in April will appear on the January report. The person will not appear on a report after January.)





# www.thelocalchoice.virginia.gov

This is your resource for forms, BES information and member notifications.

The most commonly used TLC forms can be found at this location, including:

#### Administrative Process Q&A

This communication includes answers to most frequently asked questions.

#### Enrollment Form

This form is used for member enrollment and election changes, including initial enrollment, open enrollment and qualifying mid-year events.

# Group Adjustment Form

This form is used to cancel coverage and terminate a BES record.

# Group Data Change Form

This form is used to change the employer group's contact information (including address and group contact).

# Personal Data Change Form

This form is used to update member information.



A note about our binders and tabs: Our binders and tabs are made from Premium Grade polypropylene, which is an environmentally friendly material. Polypropylene is produced without using water and no harmful emissions are released. Additionally, Polypropylene is:

- £ A strong, non-toxic, durable material
- £ 100% recyclable and biodegradable
- £ Free from chlorine and harmful additives

Since Polypropylene is up to 35 percent lighter than many traditional plastics, this helps to reduce transportation costs and the output of carbon dioxide. In a world where more companies are increasingly aware of the need to reduce our environmental impact, Polypropylene is considered the natural choice.



Life and Disability products underwritten by Anthem Life Insurance Company. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky. Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Companies, Inc. In Missouri, Inc. RIT and certain affiliates administer non-HMD benefits underwritten by HALIC and HMD denefits underwritten by HMD Missouri, Inc. RIT and certain affiliates only provide administerative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of New Hampshire. Inc. In Ohio: Community Insurance Company. In Virginia and Co

# **Item Attachment Documents:**

8. Consideration Motion to Approve the June 11 Meeting Minutes (Hobbs)

#### MEETING #27 - June 11

At a Regular Meeting (#1) of the Madison County Board of Supervisors on June 11, 2019 at 4:00 p.m. at the Madison County Administrative Center Auditorium located at 414 N. Main Street:

PRESENT: R. Clay Jackson, Chair

Amber Foster, Vice-Chair Jonathon Weakley, Member Kevin McGhee, Member Charlotte Hoffman, Member Jack Hobbs, County Administrator

Mary Jane Costello, Director of Finance/Assistant County Administrator

Sean Gregg, County Attorney Jacqueline S. Frye, Deputy Clerk

- 1. Call to Order, Pledge of Allegiance & Moment of Silence
- 2. Determine Presence of a Quorum/Adopt Agenda

Supervisor Hoffman moved that the Agenda be adopted as presented, seconded by Supervisor Foster. *Aye: Jackson, Foster, Weakley, McGhee, Hoffman. Nay:* (0).

#### 3. Public Comment.

Chairman Jackson opened the floor for public comment.

The following individual(s) provided comments:

- Beverly Jenkins (Little Church Lane): Comments pertaining to fireworks permits being issued for citizens that live in very close proximity to other neighbors, and the fact that a renter in her neighborhood held a display for three (3) hours straight during 2018 which frightened her livestock and disrupted the entire neighborhood; provided documentation on state code regulations concerning fireworks displays fire code regulations guidelines followed by the surrounding localities regarding private fireworks displays; s/renters); suggested the County refrain from allowing private citizens to hold fireworks displays (Graves' Mountain Lodge does a local display annually), and that any private citizens holding a fireworks display be fined \$2,500 and serve jail time.
- Jean Nelson (local Air B&B owner): Comments pertained to the transient occupancy tax (TOT) that local business owners are now required to pay; noted that many other localities have done away with this specific tax, as businesses already pay a five percent state and county tax; feels the TOT is unfair and encouraged the County to revisit this tax requirement.
- Hedi Perl Berry (local Air B&B owner): Comments referred to the fact that local business owners are charged a late fee and a filing fee if their tax payments aren't submitted on time; questioned why the five percent (5%) tax is charged before owner's expenses are deducted.

Brian Daniel, Commissioner, was present to explain line 7 of the late reporting document (i.e. late reporting fee and excise tax). In closing, he advised that he is available to discuss further concerns that Ms. Nelson and Ms.

Berry may have regarding the imposed tax for their businesses.

Chairman Jackson: Provided a brief overview of the transient occupancy tax regulations and meals tax, which greatly enhances local tourism; local tourism revenue for the County has continued to grow as a result of the publicized transient occupancy tax.

Tracey Gardner, Director of Economic Development & Tourism was present and advised that she will meet with Ms. Nelson and Ms. Berry to further discuss their concerns and to provide a full overview of the proposed tax and how tourism dollars are utilized to promote local business owners in Madison County.

<u>a. Fireworks Permit Request (moved after Item 10e</u>

With no further public comment being brought forth, the public comment opportunity was closed.

#### 4. Special Appearance

#### 5. Constitutional Offices:

Sheriff's Office: Erik Weaver, Sheriff, was present to advise that in light of the recent tragedy in Virginia Beach, the local Sheriff's Office is scheduling two (2) days of "ALICE" training for county employees on July 1st and 2nd from 5:30 p.m. to 7:15 p.m. in the auditorium. An email of the event will be sent to the Deputy Clerk for disbursement to all county employees.

The Sheriff further provided highlights on the recent Junior Law Enforcement Academy (which involved thirteen [13] local students), and various components involved in the event.

It was also relayed that the citizens have presented safety concerns for the area of Pratts, S. Blue Ridge Turnpike, Cedar Hill Drive and Rt. 231, and would like to request that VDOT install rumble strips and possible signage for motorists.

After discussion, it was the consensus of the Board to authorize the County Administrator to send a letter of request to Joel DeNunzio of VDOT to relay today's concerns.

#### 6. County Departments:

a. Report: Status of PS Radio and NextGen 911 Projects: Brian Gordon, Director of Emergency Communications, was present to provide highlights on the proposed NextGen 911 projects. The deadline to initiate the system upgrade is July 11'2019, with a GIS upgrade mandate. Fiber has been researched. The proposed upgrade will allow texting to 911 and must be in place by July 1' 2019, and will also allow pictures, videos and call transfers between Madison and Greene. In closing, he noted that the proposed process will more forward rather quickly after July 1' 2019. Documentation has been created to advise Motorola of what the County's requirements with a proposed 90-day review. A presentation will be provided to the Board in October 2019 after Motorola finalizes the coverage maps.

Comments from the Board focused on:

❖ Whether the proposed contract has been referred to the County Attorney for review

- ❖ Whether building codes will coincide with the proposed system
- ❖ Whether there will be issues with updated addressed

Mr. Gordon noted that all above criteria has been referred to the representatives at Motorola and that the new system will transfer all information from the County's existing GIS site.

*b. Consideration: EMS Staffing Memorandum of Understanding with MCRS:* Noah Hillstrom, Director of Emergency Medical Services, was present to provide highlights from his monthly departmental report. Further reference was made on the recent meeting with the volunteer rescue squad to discuss coverage to be provided by paid EMS staff. A signed MOU was provided for review and/or action. It was further reported that a site plan for the emergency vehicle shelter is being finalized. The joint open house event is scheduled for June 22' 2019 from 11 a.m. to 3 p.m. Life packets will be given to all that attend. Contact has also been made with the American Red Cross to schedule a blood drive on August 26' 2019 from 8 a.m. to 1 p.m. at the fire house.

Accolades were provided by the Board for Mr. Hillstrom's efforts to initiate the MOU with the volunteer rescue squad.

# MEMORANDUM OF UNDERSTANDING BETWEEN THE MADISON COUNTY RESCUE SQUAD

8

#### THE MADISON COUNTY BOARD OF SUPERVISORS

#### **History:**

A meeting to discuss EMS coverage for Madison County, VA was held on May 30, 2019 at 0900 between Captain Steve Dodson, Vice President Wayne Jones and EMS Director Noah Hillstrom. At the conclusion of the meeting, a memorandum of understanding was agreed upon between the Madison County RescueSquad (MCRS) and Madison County Emergency Medical Services (MEMS).

#### Agreement:

- To ensure ambulance availability for Madison County, Madison County EMS will provide two advanced life support ambulances 24/7. MCRS and MEMS will coordinate with each other when additional coverage is needed.
- There is no discussion on dissolution of the Madison County Rescue Squad. Volunteer contributions are integral in the success of the EMS system for Madison County.
- MCRS agrees to provide BLS staffing per their established EMS Response Plan asper 12 VACS-31-610. An
  annual exception report will be submitted by MEMS and MCRS to the Madison County Administrator
  for review.
- The Madison County EMS Lieutenant or designee will provide ALS back up for MCRS when at all possible.
- At 1800 the MCRS duty crew leader and MEMS lieutenant or designee(s) will communicate the staffing plan for that evening.

Supervisor Weakley moved that the Board authorize the Chairman, County Administrator and Director of

Emergency Medical Services to execute the proposed staffing memorandum of understanding with the Madison County Rescue Squad, seconded by Supervisor Foster. Aye: Jackson, Foster, Weakley, McGhee, Hoffman. Nay: (0).

c. Consideration: TOTM Fee Waiver Request: Tracey Gardner, Director of Economic Development & Tourism was present to submit a request by the chamber of commerce for a waiver of landfill fees for the annual Taste of the Mountains Festival scheduled for August 31, 2019. The local boy scouts will again handle the disposal of all waste collected at the event

Supervisor Weakley moved that the Board authorize the waiver of landfill fees as requested, to allow disposal of trash from the annual Taste of the Mountains Festival scheduled for August 31, 2019, seconded by Supervisor McGhee.

Aye: Jackson, Weakley, McGhee, Hoffman. Nay: (0). Abstain: Foster.

Ms. Gardner proceeded to provide highlights from her monthly departmental report, and also noted that tourism funding is utilized to promote all local businesses within Madison County, and that the brochures are displayed in all Virginia Tourism Welcome Centers. She encouraged all to attend the tourism committee meetings which are open to the public.

Comments from the Board focused on:

Techniques used to leverage funding

#### **Public Comments:**

#### **Social Services Board:**

Nick McDowell: Advised that he is looking forward to attending the first Social Services Board meeting in July 2019.

<u>Planning Commission</u>: Carty Yowell, Commission Chair, was present to advised that the planning commission was tasked with assessing county fees for specific services, and recommended the fee schedule that was recently approved by the Board of Supervisors; noted that the commission is also working on a large-scale solar systems ordinance, along with compliance guidelines, airport and teleport in C-1 zones.

### 7. Committees or Organizations:

- a. Report on Status of Committee & Other Appointments: The Deputy Clerk advised that the FAPT Parent representative vacancy is still in place. At this time, all prior appointments have been complete. The next terms to expire will be for the:
  - Planning Commission January 2020
  - IDA April 2020

#### 8. Finance.

- i. Timber Sales/Contingency Adjustment (#42)
- ii. CVRJ Medical (#43)
- iii. THIncIt Contract (#44)
- iv. EMS FY19 Payroll (#45)
- v. EMS FY19 Operations (#46)

The Finance Director noted that as a result of the many supplemental requests that have been approved, there is no available funding remaining in the County's contingency fund.

Supervisor McGhee moved that the Board approve supplemental request #42, #43, #44, #45, and #46 as presented, seconded by Supervisor Hoffman. *Aye: Jackson, Foster, Weakley, McGhee Hoffman. Nay:* (0).

b. Consideration: EMS FY20 Payroll Supplement (#1): The Finance Director advised that the requested appropriation is for additional funds from contingency to reflect FY20 EMS staffing requirements totaling \$236,300.28.

Supervisor Foster moved that the Board approve supplemental appropriation request FY2020 #01\_06112019 as presented, seconded by Supervisor Weakley. *Aye: Jackson, Foster, Weakley, McGhee, Hoffman. Nay:* (0).

c. Discussion: FY19 & FY20 Budget Items to be Considered on July 26: The Finance Director advised that additional supplements will need to be approved through July 2019. Additional discussions focused on the renewal deadline for the local choice healthcare agreement which is June 30'2019.

The County Administrator advised that guidance is needed from the Board of Supervisors in order for staff to have something in place for approval at the next meeting session.

Comments from the Board focused on:

- Whether the rates for the county will be different from those provided for the school system and social services
- ❖ Whether an application can be made for an extension
- ❖ The fact that the school system doesn't intend to change their existing deductible rate
- ❖ When should the service be bid out

The County Administrator noted that the school system has agreed to remain with local choice and that the annual deductible range will be increased to \$500 (per employee) with a split from 85% to 95%

The Finance Director further stated that the County will need to set the rates for county health insurance for employees. Additional highlights focused on the possibility that:

- ❖ A higher deductible could be established
- Employees could utilize their FSA account
- ❖ Single coverage could cost a bit more

In closing, it was noted that the insurance consultant will be able to provide some assistance in the above referenced areas. Insurance proposals are usually done around October-November time frame. Reference was also made to the fact that the service should be rebid at some point when it appears that the proposed insurance rates appear to reflect a decrease in the costs.

#### 9. Minutes

#### a. Consideration: May 28 & June 6 Meetings

*May 28'2019:* Supervisor Foster moved that minutes from the May 28'2019 meeting be approved as presented, seconded by Supervisor Weakley. *Aye: Jackson, Foster, Weakley. Nay: (0). Abstain: McGhee, Hoffman.* 

*June 6'2019):* Supervisor McGhee moved that the minutes from the June 5'2019 meeting be approved as amended, seconded by Supervisor Foster. *Aye: Jackson, Foster, Weakley, McGhee, Hoffman. Nay: (0).* 

#### 10. Old Business

*a. Discussion: Funding for MCPS Design:* The County Administrator referred to the design documents from the design documents for the MCPS at the May 14'2019 meeting session. The request was received at the meeting on May 28'2019, but was deferred by the Madison County Board of Supervisors pending resolution of when the funds would be needed, and legal counsel review of the terms in the school board-architect contract agreement.

After discussion, it was the consensus of the Board to add this item to the June 25'2019 meeting agenda for discussion and possible resolution based on review of the document by the County Attorney.

*b. Discussion: Survey for VDOT 6-Year Secondary Road Project:* The County Administrator referred to the Board's request to obtain feedback from property owners on the roads noted in the 6-year road secondary road improvement plan for Madison County (i.e. Desert Road & Forest Drive) during the last meeting session. This information has been compiled for review at today's session based on VDOT materials utilized at Albemarle and Fauquier Counties.

After discussion, it was the consensus of the Board to move forward with sending letters to all property owners on Forest Drive and Desert Road to attain feedback on the future of the aforementioned roads.

c. Discussion: Report on Employee Health Insurance Funding: The County Administrator advised of the previous discussion regarding the proposed increase in healthcare costs for County employees. A decision is needed by the end of June to avoid extension requests and potential renewal issues. The County's decision in the near term would affect the October 1'2019 - September 30'2019 insurance plan year. Once a final decision is made, funds will be moved from contingency via the usual budget adjustment process.

After discussion, it was the consensus that consideration on the healthcare plan will be discussed at the June 25'2019 meeting session.

d. Discussion; Moore Building Purchase Public Hearing Date: The County Attorney provided some insight in to the fact that a public hearing may not be necessary, since the current agreement contains an 'owner-financed purchase option. In closing, he questioned if the Board would still like to move forward with scheduling a public hearing.

The County Administrator provided insight into the fact that the deadline for notifying the owner of the County's intent to purchase the property is (on October 31'2019) three (3) months before the least expires on December 31'2019.

Supervisor Weakley moved that the Board authorize the County Attorney to advertise a public hearing on the potential purchase of the Moore Building at 110 N. Main Street that would occur during the regular board meeting on July 23, 2019, seconded by Supervisor Hoffman. *Aye: Jackson, Foster, Weakley, McGhee, Hoffman.* 

#### Nay: (0).

e. Consideration: Transfer Station Operations Contract Procurement: The County Administrator advised that the procurement on the transfer station agreement contract is still in the evaluation/negotiation phase. The existing contract is scheduled to expire on June 30'2019 (ratification can be initiated at the next meeting session), if today's request is approved. An estimate of the financial impact will be provided after negotiations are complete.

Supervisor Weakley moved that the Board authorize the Chairman, County Administrator and County Attorney to negotiate and execute the transfer station contract(s), including operation of the transfer station site, hauling and disposal of municipal solid waste and recycling, seconded by Supervisor Foster. *Aye: Jackson, Foster, Weakley, McGhee, Hoffman. Nay:* (0).

*3a: Fireworks Permit Request (Haynes):* A fireworks permit request was submitted by Mr. Roger Haynes of Little Church Road for consideration. The Deputy Clerk provided highlights from past Board meeting sessions concerning discussions on the issuance of fireworks permits to private citizens. The current process requires the Chairman of the Board to sign off on each request submitted.

The County Attorney noted that the County doesn't have an ordinance in place to regulate private fireworks displays.

After discussion, Supervisor Weakley moved that the Board authorize the Chairman to sign off on the fireworks permit request (submitted by Roger Haynes), seconded by Supervisor Hoffman. *Aye: Jackson, Foster, Weakley, McGhee, Hoffman. Nay:* (0).

In closing, it was suggested that the Board review this matter in order to develop a future process by which fireworks permit requests will be handled within the locality.

#### 11. New Business:

*a. Discussion: County Support for Broadband Projects:* The County Administrator provided a draft of the request for information for the FY2020 Virginia Telecommunications Initiative (VATI) grant opportunity for consideration. This information will be uploaded to the County website within the next month.

#### 12. Information/Correspondence:

- *a. Report: Status on Various Projects & Initiatives:* The County Administrator provided a brief overview of the status on various projects and initiatives with emphasis on the following items:
  - Personnel Study (deadline of June 17'2019 for submitting employees' concerns)
  - County Planner
  - Transfer Station

#### 13. Public Comment:

Chairman Jackson opened the floor for public comment. The following citizen(s) provided comments:

- Clint Hyde: Comments pertained to the VATI grant opportunity proposal; noted that a recent meeting was held to provide input on what Madison County did during last year's proposal; suggested the County move forward with an application again this year.
- Carty Yowell: Advised that during a recent planning commission meeting, a resident from Desert Road attended and verbalized their desire that Desert Road not be paved.

With no further comments being brought forth, the public comment session was closed.

#### 14. Closed Session:

#### 15. Adjourn:

With no further action being required, Supervisor Hoffman moved that the meeting be adjourned, seconded by Supervisor Foster. Aye: Jackson, Foster, Weakley, McGhee, Hoffman, Nay: (0).

R. Clay Jackson, Chairman Madison County Board of Supervisors

Clerk of the Board of the Madison County Board of Supervisors
Copies: Board of supervisors, County Attorney & Constitutional Officers

#### Adopted:

Memorandum of Understanding Between the Madison County Rescue Squad & Madison County Board of Supervisors



Agenda
Regular Meeting
Madison County Board of Supervisors
Tuesday, June 11, 2019 at 4:00 p.m.
County Administration Building, Auditorium
414 N Main Street, Madison, Virginia 22727

- 1. Call to Order, *Pledge of Allegiance* & Moment of Silence
- 2. Determine Presence of a Quorum / Adopt Agenda
- 3. Public Comment

4. Special Appearances 5. Constitutional Officers 6. County Departments a. Report: Status of PS Radio and NextGen 911 Projects: .... Emergency Communications Director Gordon b. Consideration: EMS Staffing Memorandum of Understanding with MCRS: EMS Director Hillstrom c. Consideration: TOTM Fee Waiver Request ...... Director Gardner 7. Committees or Organizations 8. Finance......Director of Finance/Assistant County Administrator Costello a. Consideration: FY19 Supplements i. Timber sales/Contingency Adjustment (#42) ii. CVRJ Medical (#43) iii. THIncIT Contract (#44) iv. EMS FY19 Payroll (#45) v. EMS FY19 Operations (#46) b. Consideration: EMS FY20 Payroll Supplement (#1) c. Discussion: FY19 & FY20 Budget Items to be Considered on July 25 a. Consideration: May 28 & June 5 Meeting Minutes 10. Old Business b. Discussion: Survey for VDOT 6-Year Secondary Road Project...... County Administrator Hobbs c. Discussion: Report on Employee Health Insurance Funding......County Administrator Hobbs d. Consideration: Moore Building Purchase Public Hearing Date......County Attorney Gregg e. Consideration: Transfer Station Operations Contract Procurement.......County Administrator Hobbs 11. New Business a. Discussion: County Support for Broadband Projects......County Administrator Hobbs 12.Information/Correspondence 13. Public Comment 14. Closed Session 15. Adjourn

a. Fireworks Permit Request (Haynes)

# **Item Attachment Documents:**

9. Consideration of a Motion to Approve a Leave Payout for the General Registrar (Hobbs)

#### MADISON COUNTY BOARD OF SUPERVISORS AGENDA ITEM STAFF REPORT

MEETING DATE: June 25, 2019

**AGENDA TITLE:** 11a Registrar Leave Payout

INDICATED MOTION(s): I move to authorize payout of 240 accrued leave hours to General Registrar Diana Eanes

upon her June 30, 2019 retirement.

**STAFF LEAD:** County Administrator Jack Hobbs

**TIMING:** This item should be addressed during this meeting since the retirement is to be effective

at the end of the month.

**DISCUSSION:** Virtually all long-term full-time County employees have time built up and receive payout

for 240 hours of accrued time as per County policy. The Electoral Board employees are on the County payroll system but leave time has not been properly tracked for its one full-time employee. On the other hand, no one questions the accrual for the individual in

question. The irregularity is that it has not been tracked.

Due to this irregularity, staff requests that the Board sanction what would normally be an

administrative matter.

**FISCAL IMPACT:** The estimated payout for 240 hours would be \$6,363.40.

**REFERENCES:** None

**HISTORY:** It appears that in recent years the General Registrar has been treated as a constitutional

officer in this area instead of as a "department head". The Electoral Board members have

agreed to follow the County's leave tracking system going forward.

**RECOMMENDATION:** Approve the indicated motion.

**ENCLOSURES:** • Memo request from the Electoral Board (June 17, 2019)

# **MEMO**

TO

MADISON COUNTY BOARD OF SUPERVISORS

**FROM** 

MADISON COUNTY ELECTORAL BOARD

BONITA BURR, SECRETARY

**DATE** 

JUNE 17, 2019

**SUBJECT** 

DIANA EANES, GEN. REGISTRAR ACCUMULATED LEAVE

The Electoral Board is requesting that Diana Eanes, General Registrar, receive 240 hours of leave payout. Her records indicate that she has 99 days (792 hours) of accumulated leave from the past eleven years and we are in agreement that receiving 240 hours leave payout will be sufficient.

We appreciate your consideration of this request.

Boute & Burn Secretary

Total payout, including taxes, on 240 hours would be \$6,363.40

# **Item Attachment Documents:**

10. Consideration of a Motion Acknowledging Fireworks Events (Jackson)

### KELLY S. EARLES

Camp Director

- 8 (540) 672-0426 work
- (540) 718-5468 · cell
- (540) 672-7275 fax
- kearles@camprapidan.com
- www.camprapidan.com
- P.O. Box 10, Rochelle, VA 22738

juliation weakiey Kevin McGhee Charlotte Hoffman



**Jack Hobbs County Administrator** 

540 672-0426

Sean Greg

**County Attorney** 

302 Thrift Road P. O. Box 705 Madison, Virginia 22727 (540) 948-7500 (ph) (540) 948-3843 (fax)

## **VERIFICATION OF AUTHORITY FOR AN INDIVIDUAL OR ORGANIZATION** TO PURCHASE AND RECEIVE SHIPMENT **OF AERIAL FIREWORKS** FOR DISPLAY OR ENTERTAINMENT PURPOSES

By signature below, the Chairman of the Madison County Board of Supervisors of Madison County, Virginia, confirms that:

- RAPIDAN BAPTIST CAMP has notified the County that it will conduct a firework display at 559 Beptist, Virginia, 22738, on 4, 2019 beginning at 9:00 Camp. p.m. and end prior to 11:30 p.m.
- The County of Madison has no local ordinance imposing regulations on the storage, use, display or sale of fireworks. The proposed fireworks display, and any shipment of fireworks to \_\_\_\_\_\_ for that display, is lawful under our local ordinances.\*

By:	
l'itle:	Chairman
	Madison County Board of
Super	visors
_	
Date:	

cc: Sheriff E911 **EMS** 

<sup>\*</sup> The County of Madison requires individuals and organizations who will be conducting a fireworks display to comply with the minimum terms and conditions set forth in the Virginia Statewide Fire Prevention Code (SFPC) and the referenced NFPA 11-23-00 standard governing the use, storage and firing of display fireworks.

**Chair** R. Clay Jackson

**Vice-Chair** Jonathon Weakley

# BOARD MEMBERS Keyin McGhee

Kevin McGhee Charlotte Hoffman Amber Foster



**Jack Hobbs** County Administrator

**Frank Thomas**Interim County Attorney

302 Thrift Road P. O. Box 705 Madison, Virginia 22727 (540) 948-7500 (ph) (540) 948-3843 (fax)

# VERIFICATION OF AUTHORITY FOR AN INDIVIDUAL OR ORGANIZATION TO PURCHASE AND RECEIVE SHIPMENT OF AERIAL FIREWORKS FOR DISPLAY OR ENTERTAINMENT PURPOSES

By signature below, the Chairman of the Madison County Board of Supervisors of Madison County, Virginia, confirms that:

•	fireworks display at	notified the County that it will conduct a, Virginia, 227, on, 20 p.m. and end prior to 11:30 p.m.
•	the storage, use, display or sa	no local ordinance imposing regulations or ale of fireworks. The proposed fireworks fireworks to, for that ocal ordinances.*
	]	Ву:
		Fitle: Chairman
		Madison County Board of
	:	Supervisors
	]	Date:

cc: Sheriff E911 EMS

<sup>\*</sup> The County of Madison <u>requires</u> individuals and organizations who will be conducting a fireworks display to comply with the minimum terms and conditions set forth in the Virginia Statewide Fire Prevention Code (SFPC) and the referenced NFPA 11-23-00 standard governing the use, storage and firing of display fireworks.

BOARD MEMBERS:

CHAIRMAN Eddie Dean Madison, Virginia

VICE CHAIRMAN

James L. Arrington

Brightwood, Virginia

William L. Crigler Madison, Virginia

Bob Miller Madison, Virginia

Clark Powers Madison, Virginia



Lisa R. Kelley COUNTY ADMINISTRATOR

V. R. Shackelford, III COUNTY ATTORNEY

302 Thrift Road P. O. Box 705 Madison, Virginia 22727 (540) 948-6700 FAX 948-3843

# Madison County Board of Supervisors

# INFORMATION REGARDING THE USE/DISPLAY OF FIREWORKS IN MADISON COUNTY, VIRGINIA

May 1, 2007

The County of Madison, Virginia currently has no local ordinances regulating the storage, use, display or sale of fireworks, or requiring any local permit(s) for those activities. The County does not currently provide local enforcement of the Virginia Statewide Fire Prevention Code.

As required by the Code of Virginia, §27-97, the Virginia State Fire Marshal's Office (SFMO) issues permits for the storage, use and sale of explosives in our area, and investigates related complaints. With respect to fireworks, the SFMO issues permits for firework displays at state-owned sites only. For more information, contact the SFMO at <a href="mailto:sfmo@dhcd.virginia.gov">sfmo@dhcd.virginia.gov</a> or call 804-371-7170. For information on blaster certification and/or background clearance cards call (804) 371-7185.

From the Virginia Department of Fire Programs web site at <a href="https://www.vafire.com/state-fire-marshals-office/permits/fireworks-and-flame-effects/">https://www.vafire.com/state-fire-marshals-office/permits/fireworks-and-flame-effects/</a> on June 27, 2018:

For information on state firework permits and pyrotechnician certification, contact the State Fire Marshal at statefiremarshal@vdfp.virginia.gov or 804-371-0220.

# **Fireworks**

Permits for firework displays are obtained from one of three sources.

A permit may be obtained through the local fire official that has been appointed by the locality to administer and enforce the Statewide Fire Prevention Code.

If a locality has not appointed a local fire official to administer and enforce the Statewide Fire Prevention Code, a permit may be obtained from the locality through statutory authority granted to the locality by the following Code of Virginia section:

• § 15.2-974. Permits for display of fireworks; use and exhibitions. The governing bodies of the several counties, cities and towns shall have the power to provide for the issuance of permits for the display of fireworks by fair associations, amusement parks, or by any organization or group of individuals, under the minimum terms and conditions set forth in the Virginia Statewide Fire Prevention Code (§ 27-94 et seq.) and any additional terms and conditions as may be prescribed by the locality. Any association, organization, or group that has been issued a permit may purchase and make use of fireworks under the terms and conditions of such permit.

For firework displays conducted on state-owned property or within state-owned buildings, permits are to be obtained through the State Fire Marshal's Office. Other than for what occurs on state-owned property or within a state-owned building, the State Fire Marshal's Office does not issue firework display permits for displays within any city, county or town.

# **Permissible Fireworks**

Virginia 2018 Fireworks Submission Form

Virginia 2018 Approved Permissible Fireworks List

# Flame Effects

While a permit is required for Flame Effects inside state-owned buildings and outdoors on state-owned property before a proximate audience, flame effect operators are not required to be certified by the SFPC and are not included as part of the Pyrotechnician certification program.

An application for permit to operate flame effects is provided below under "Forms".

# **Publications**

- Free Viewing of the complete set of Virginia Building and Fire Codes
- Candidate Information Bulletin (CIB) on Pyrotechnician Certification Examination Service
- Frequently Asked Questions (FAQ's) on the Virginia SFMO Pyrotechnician certification process (Updated 3 January 2018)
- To verify the status of a Certified Blaster or Pyrotechnician, please contact John Cullinane, RCIP-LSC Program Coordinator at (804) 612-7270 or the SFMO at (804) 371-0220.

# **Forms**

- SFPC Application for BONFIRE
- SFPC Application for NFPA 160 Flame Effects Inside State-owned Buildings and Outdoors on State-owned Property Before a Proximate Audience
- SFPC Application for NFPA 1123 Display Fireworks (Aerial) on State-owned Property
- SFPC Application for NFPA 1126 Pyrotechnics Inside State-owned Buildings and Outdoors on State-owned Property Before a Proximate Audience
- Application for Replacement Certification or BCC Card

# **Item Attachment Documents:**

11. Discussion on Pending Meeting Agenda Preparation and Format Changes (Hobbs)

#### MADISON COUNTY BOARD OF SUPERVISORS AGENDA ITEM STAFF REPORT

MEETING DATE: June 25, 2019

AGENDA TITLE: 11c Meeting Agenda Format

INDICATED MOTION(s): N/A

**STAFF LEAD:** County Administrator Jack Hobbs

**TIMING:** An element of the new MuniCode web site the County purchased many months ago – but

not yet implemented – is a "web agenda" system. Staff hopes to start using this in the

coming months.

**DISCUSSION:** Use of such software (other common platforms include BoardDocs & Granicus) is now

common practice for local governments since it helps coordinate and speed up the cycle time associated with agenda package preparation and provides an improved platform for

both promulgation and archiving material presented to Board of Supervisors and,

eventually, other County boards and committees.

On the other hand this is new, and the look and format of the agenda and agenda

package will be different.

Another shift would be the abandonment of the practice of sharing files via Dropbox and

multiple eblasts of containing individual agenda item files.

The topic of "consent agendas" came up again while staff was working through the process. Feedback from the Board members on that meeting management technique

would be helpful.

FISCAL IMPACT: N/A

**REFERENCES:** None

**HISTORY:** This change is in keeping with the County's goal to be more open and transparent.

**RECOMMENDATION:** Discuss the new format and provide appropriate instructions to the staff.

**ENCLOSURES:** First draft of June 25 agenda. Staff will endeavor to present a document that mirrors the

final pre-June 25 meeting material during the session.



#### Agenda

# Madison County Board of Supervisors Tuesday, June 25, 2019 at 6:00 PM County Administration Building, Auditorium 414 N Main Street, Madison, Virginia 22727

Call to Order, Pledge of Allegiance & Moment of Silence

Determine Presence of a Quorum / Adopt Agenda

**Public Comment** 

**Special Appearances** 

**Constitutional Officers** 

**County Departments** 

**Committees or Organizations** 

#### **Finance**

1. Consideration: FY19 Supplements (Costello)

2. Consideration: FY19 Encumbrances (Costello)

- 3. Consideration: Assignment of FY19 Fund Balances (Costello)
- 4. Consideration: Assignment of FY19 Fund Balance For Desktop Replacement Costs (Costello)
- 5. Consideration: FY20 Operating Budget Appropriation Resolution (Costello)
- 6. Consideration: FY20 Capital Budget Appropriation Resolution (Costello)
- 7. Consideration of Employer/Employee Contribution Split for Employee Health Insurance (Costello)

#### Minutes

8. Consideration: June 11 Meeting Minutes (Frye)

#### **Old Business**

Consideration: Transfer Station Contract Ratification (Hobbs)

#### **New Business**

- 10. Consideration: Acknowledgement of Fireworks Events (Jackson)
- 11. Discussion: Meeting Agenda Format (Hobbs)

#### Information/Correspondence

#### **Public Comment**

#### **Closed Session**

# **Item Attachment Documents:**

12. Information & Correspondence (Hobbs)

# **Comments on Personnel Study**

Leeta Louk 190614	2
Clarissa Berry 190617	3
Stephanie Murray 190617	5
Brian Daniel 190618	6

#### Leeta Louk 190614

From: Leeta Louk [mailto:llouk@vacourts.gov]

Sent: Friday, June 14, 2019 3:43 PM

To: Jacqueline Frye <jfrye@madisonco.virginia.gov>; Jack Hobbs <jhobbs@madisonco.virginia.gov>

Subject: Re: Personnel Study

Concerning the payscale and study. The one thing that really is upsetting to me is that Cheryl's position is labeled a General Office Clerk and at a pay scale of 6. She has been here 10 years with the Clerk's office and was with the Sheriff's Office as a Dispatcher before that. She is at the lowest on the pay scale and yet she has been here longer than one of the Treasurer's deputies, one of the Commissioner of Revenue's deputies, the Accounts payable clerk, among others. She has multiple job responsibilities, and is usually the first person the public has any interaction with. She has been crossed trained for all levels and could easily step in and replace one of the other deputies if a vacancy occurred, with little to no training. The classification of General Office Clerk was used by the Compensation Board years ago for the part-time position and usually went with the job of Microfilm Technician. Her duties are above and beyond a General Office Clerk and she should be recognized and paid as such. She should at least be listed as a Deputy Clerk II or III.

I appreciate your time and effort in this matter. I am just trying to get the best possible pay for my staff. They work very hard and are very helpful, courteous and conscientious. They often stay late in the evenings and have worked many Saturdays in order to keep caught up. The County is very lucky to have workers of this caliber.

Leeta D. Louk, Clerk Madison County Circuit Court PO Box 220, 1 Main Street Madison, VA 22727 (540) 948-6888 (540) 948-3759 (fax)

My new email address is llouk@vacourts.gov

#### Clarissa Berry 190617

From: Clarissa Berry

Sent: Monday, June 17, 2019 3:19 PM

To: Jacqueline Frye < ifrye@madisonco.virginia.gov >

Subject: RE: Personnel Study

Mrs. Frye,

I'm not sure how much detail I am supposed to go into for these comments. As a preliminary matter, my office is the "Office of the Commonwealth's Attorney" – not "Commonwealth Attorney." It's been a long-standing practice to not include the apostrophe-s in headings/titles, but I would very much appreciate it being correct. Also, there are some typographical things that I did not address below. I tried to hit the high points.

#### Regarding the Title and Grade Assignments:

<u>Legal Assistant</u>: The proposed title and grade for my Office Manager/Paralegal position is "Legal Assistant" at Grade 10. This should be amended to "Administrative Assistant II" at Grade 13 to reflect the title and grade allowed by the State Compensation Board. The Compensation Board salary range is \$34,054 to \$58,484; Grade 13 of the proposed Madison County is the lowest pay band to encompass that salary range. Moreover, the job of Deputy Clerk to the Board is the closest job analogous to this role for my office, and that job is at a Grade 13.

Moreover, two changes to the job description (beyond the title change) would likely bring the job description into the higher pay band: the supervision received is \*limited\* and the supervision exercised is \*limited supervision\* over the administrative assistant, which should also be added to the "essential functions" section of the job description. Under "General Definition of Work" it should say "Performs difficult skilled administrative support work". Finally, under "Education and Experience," an associates/technical degree with a combination of paralegal coursework/certification and/or prior experience is required.

The physical requirements paragraph is included twice.

The <u>Assistant Commonwealth's Attorney</u> is at a pay band 23, which is within the pay band for an Attorney I for the Compensation Board; to capture the high end of the Compensation Board range, it would need to be adjusted to pay band 25. It should be clarified that because this position is a hybrid Assistant Commonwealth's Attorney and Deputy Commonwealth's Attorney, it is "involved in setting policies and goals" and perhaps a move to the higher pay band would be appropriate? If the position was strictly an Assistant Commonwealth's Attorney position, I think that I am not sure if it shouldn't also be clarified that while the position exercises "limited supervision" it also exercises "department oversight". I note that Greene County is currently hiring an Assistant Commonwealth's Attorney at \$60,000, which is essentially the bottom of pay band 23 and Warren County is hiring two Assistant CWAs at \$60k and \$70k; I do not disagree that pay band 23 is appropriate for a true Assistant

Commonwealth's Attorney position; this position is more akin to a Deputy Commonwealth's Attorney, which was not taken into account for the pay and compensation study.

The degree required is a "juris doctor" not a "juris doctorate". A VCIN certification is required within six months of hire; a valid Virginia Bar license is required within four months of the start date (often, new attorneys are hired earlier in the year before the Bar Exam in July to start August 1<sup>st</sup>; it would be impossible to require a Bar license within four months of an April hire date).

<u>Victim Witness Coordinator</u> – the last sentence of the first paragraph should be "Work is performed under the general direction supervision of the County Administrator who delegates supervision to the Commonwealth's Attorney." For some reason, this is very confusing to everyone other than me and the Victim Witness Coordinator. She is not a member of my department and I do not have authority to hire/fire the employees of this position. The County Administrator delegates supervision to my office to review her time sheets and budget; that's it. Her salary is constrained by the terms of the Grant awarded.

Please let me know a different sort of response was expected!

Thank you!! Clarissa

## Stephanie Murray 190617

From: Stephanie Murray

**Sent:** Monday, June 17, 2019 3:55 PM

**To:** Jacqueline Frye < <a href="mailto:frye@madisonco.virginia.gov">frye@madisonco.virginia.gov</a>>

Subject: RE: Personnel Study

Jacqueline,

I feel that the Deputy Treasurer II should move from Grade 8 to Grade 9. Other comments are forthcoming.

Thanks,

Stephanie

Stephanie G. Murray, MGT PO Box 309 Madison, VA 22727 (540) 948-4409 (540) 948-6732 (Fax)

#### **Brian Daniel 190618**

From: Brian Daniel

Sent: Tuesday, June 18, 2019 8:24 AM

To: Jacqueline Frye < ifrye@madisonco.virginia.gov>

**Subject:** RE: Personnel Study

#### Jacqueline,

I haven't had a chance to get all of my thoughts together/review all of the documents yet. I do want to request my position of Commissioner of the Revenue Deputy I to be moved from a grade 6 to a grade 8. This position has parallel responsibilities with the Deputy Treasurer position which is a grade 8. I hope to put further comments together soon. Thansks,

Brian L. Daniel Commissioner of Revenue Madison County, VA (o) 540-948-4421 (c) 540-923-0654 www.madisonco.virginia.gov

#### **Jack Hobbs**

From: Linda Gibson linda.t.gibson@dss.virginia.gov>

**Sent:** Tuesday, June 11, 2019 1:04 PM **To:** synima@netscape.net; Jack Hobbs

Cc: Valerie Ward

**Subject:** Local DSS Dashboard - Madison

Attachments: Final\_User\_Reference\_Guide\_05302019.pdf; LLocalDSS \_QUARTERLY LOCAL AGENCY

DASHBOARD\_FINAL\_SFY2019\_Q3\_Madison.xlsx

Dear Mr. Norris and Mr. Hobbs,

Thank you for your partnership in the delivery of social services to vulnerable families in your communities.

The Virginia Department of Social Services and the local departments of social services share a common goal of promoting the health, safety and economic security of children and families within their communities. Local government leaders and members of local boards of social services play a critical role in the support and oversight of local departments of social services. Together, we are responsible for ensuring that families can meet their basic human needs and live a life with dignity and we are pleased to have you as part of the team fulfilling our shared mission of "People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities."

In an effort to support your local department of social services, we have created a Local Agency Dashboard which is a management tool to help you and local department of social services leadership to measure success and identify opportunities for improvement. Our hope is that this Dashboard will spark meaningful conversations about human service delivery within your community. The Dashboard contains measures and performance data for Benefit Programs, Family Services and Child Care, as well as Human Resources (HR) and financial information which may be useful to determine locality strengths, challenges and opportunities. A Reference Guide is also provided so that you will have an understanding of each measure and the expected outcomes. Should you have any questions, your local director and /or Regional Director are available to answer them.

I would like to thank you for participating in the development of this tool by providing feedback at regional meetings held across the Commonwealth earlier this year and through one on one conversations with State staff. We continue to welcome your feedback as we want this tool to be a relevant source of information for planning and decision making at the local level. Please reach out to your VDSS Regional Director, Linda Gibson (540-347-6328 or <a href="mailto:linda.t.gibson@dss.virginia.gov">linda.t.gibson@dss.virginia.gov</a>) with any questions or to discuss how we can work together to ensure the highest level of service to those in need.

S. Duke Storen, Commissioner VA Department of Social Services



## Linda Gibson

linda.t.gibson@dss.virginia.gov Director Northern Regional Office Virginia Department of Social Services 410 Rosedale Ct., Suite 270 Warrenton, VA 20186 (540) 347-6328 Madison

FIPS:

113

Region: Northern

Level:

I (One)

Qtr/SFY Q3/FY19

#### **OVERVIEW**

VDSS develops a Local Agency Dashboard (the "Dashboard") for each local department of social services (LDSS) on a quarterly basis. The initial version of the tool was developed in Microsoft Excel; however, the Local Support and Performance (LSP) Division plans to migrate the tool to an online platform in collaboration with the Office of Research and Planning (ORP). The Dashboard contains measures and performance data for Benefit Programs, Family Services and Child Care, as well as Human Resources (HR) and financial information which may be useful in understanding locality strengths, challenges, and opportunities.

#### **Getting Started**

#### Select the Local Agency

The Local Agency Dashboard includes the following five tabs (areas) within the Microsoft Excel workbook:

Dashboard Main Page **Public Assistance Family Services Human Resources** Finance

Go to the tab labeled 'Main Page' (highlighted in yellow) and select the Local Agency from the drop down menu, which is also highlighted in yellow. All performance measures and information on each tab aligns with the local department selected on the 'Main Page' tab. The five (5) tabs included on the Dashboard are: 1) Main Page, 2) Public Assistance, 3) Family Services, 4) Human Resources, and 5) Finance.

#### **Dashboard Components**

The Local Agency Dashboard consists of four (4) primary components:

SELECT Local Agency >>>

Quarterly Data Monthly Data Charts and Graphs Rankings

The following performance measures and information are provided in the Dashboard .

#### **Public Assistance**

- Medical Assistance (MA) Applications Processed On Time
  - LDSS, Cover VA and FFM
- Supplemental Nutrition Assistance Program (SNAP) Applications Processed On Time
  - Expedited, Non-Expedited and Total
- Temporary Assistance for Needy Families (TANF) Applications Processed On Time
- VaCMS Downtime

#### Family Service

- AFCARS-Approved Court Hearing Status
- · Timeliness of First Contact
- Congregate Care Placements
- **Kinship Care Placements**
- Monthly Foster Care Visits: Out-of-Home
- Monthly Foster Care Visits: In Residence
- Number of Children in Foster Care Over 24 months
- Number of Children in Foster Care Over 36 months
- Number of Children in Foster Care Over 48 months
- Family Partnership Meetings (FPM) for Concurrent Planning
- FPMs for Placement Changes
- Termination of Parental Rights (TPR) Status
- **Number of Adoptions**
- Transcription Heads

VIRGINIA DEPARTMENT OF SELECT Local Agency >>>

Madison

FIPS:

113

Region: Northern

Level:

I (One)

Qtr/SFY Q3/FY19

#### Child Care

- Child Care Applications Processed On Time
- Number of Children Served (All Budget Lines)
- Number of Children Served (Budget Line 883/Fee Child Care)
- Number of Children on the Wait List

#### **Error Rates**

- SNAP Error Rate
- MA Error Rate Under development
- Title IV-E Case Review Error Rate (Ongoing Cases)
- Title IV-E Case Review Error Rate (New Cases)

#### **Human Resources**

- Filled Positions by category
- Monthly Turnover Rate
- Monthly Vacancy Rate

#### Number of Employee Separations

• Employees with a Current Performance Evaluation

For more detail and explanation please refer the Reference Guide for the Dashboard.



# **Quarterly Local Agency Dashboard: Public Assistance**

Madison

FIPS:

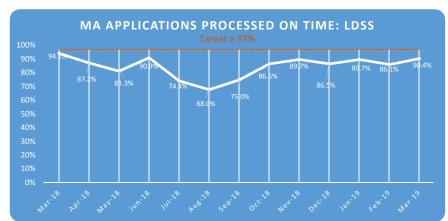
113

Region:

Northern

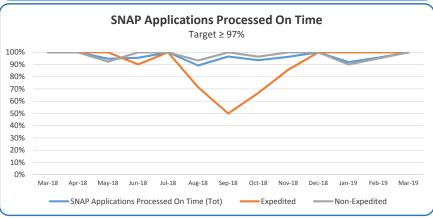
Level: I (One)

Qtr/SFY Q3/FY19



Local Agency >>>

Public Assistance: Percent of Applications Processed On Time							
	Target ≥ 97.0%						
Measure	Prior Quarter	Current Quarter					
Medical Assistance (MA): LDSS	87.4%	88.9%					
Supplemental Nutrition Assistance Program (SNAP)	96.4%	95.9%					
Temporary Assistance for Needy Families (TANF)	93.3%	92.3%					
Child Care (CC)*	#DIV/0!	<b>100.0%</b>					







#### **QUARTERLY RESULTS**

PUBLIC ASSISTANCE	Target	January 2019	February 2019	March 2019	SFY19 3rd QTR AVG
% MA Apps Processed On Time: LDSS		89.7%	86.1%	90.4%	88.9%
% MA Apps Processed On Time: Cover VA	≥ 97%	76.9%	57.1%	34.4%	49.2%
% MA Apps Processed On Time: FFM		73.3%	31.3%	40.9%	47.2%
SNAP Applications Processed On Time (Tot)		92.0%	95.7%	100.0%	95.9%
SNAP Expedited Apps Processed On Time	≥ 97%	100.0%	100.0%	100.0%	100.0%
SNAP Non-Exp Apps Processed On Time		90.0%	95.0%	100.0%	95.1%
TANF Applications Processed On Time	≥ 97%	83.3%	100.0%	100.0%	92.3%

VaCMS Downtime		0.00%	0.00%	139
·		 		

CHILD CARE	Target	January 2019	February 2019	March 2019	SFY19 3rd QTR AVG
Child Care Apps Processed On Time	≥ 97%	100.0%	100.0%	100.0%	100.0%
# Children Served (All Budget Lines)		13	13	13	13.0
# Children Served (Budget Line 883 Fee/CC)		6	6	6	6.0
# Children on Wait List		9	4	3	5.3

#### **MONTHLY TREND DATA**

PUBLIC ASSISTANCE	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
% MA Apps Processed On Time: LDSS		94.1%	87.2%	81.3%	90.9%	74.4%	68.0%	75.0%	86.5%	89.7%	86.5%	89.7%	86.1%	90.4%
% MA Apps Processed On Time: Cover VA	≥ 97%	66.7%	57.1%	75.0%	100.0%	100.0%	50.0%	66.7%	83.3%	85.7%	71.4%	76.9%	57.1%	34.4%
% MA Apps Processed On Time: FFM		44.4%	62.5%	100.0%	100.0%	0.0%	50.0%	100.0%	100.0%	100.0%	88.9%	73.3%	31.3%	40.9%
SNAP Applications Processed On Time (Tot)		100.0%	100.0%	94.7%	95.5%	100.0%	89.2%	96.6%	93.5%	96.3%	100.0%	92.0%	95.7%	100.0%
SNAP Expedited Apps Processed On Time	≥ 97%	100.0%	100.0%	100.0%	90.0%	100.0%	71.4%	50.0%	66.7%	85.7%	100.0%	100.0%	100.0%	100.0%
SNAP Non-Exp Apps Processed On Time		100.0%	100.0%	92.3%	100.0%	100.0%	93.3%	100.0%	96.4%	100.0%	100.0%	90.0%	95.0%	100.0%
TANF Applications Processed On Time	≥ 97%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%	83.3%	100.0%	100.0%
CHILD CARE	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Child Care Applications Processed On Time	≥ 97%	100.0%	100.0%	100.0%	100.0%	80.0%	N/A	N/A	N/A	N/A	N/A	100.0%	100.0%	100.0%
# Children Served (All Budget Lines)		12	16	18	18	18	17	20	14	14	14	13	13	13
# Children Served (Budget Line 883 Fee/CC)		6	8	10	10	10	9	9	8	8	8	6	6	6
# Children on Wait List		2	2	2	2	4	8	10	8	11	11	9	4	3

<u>Data Sources</u>: Public Assistance (Data Warehouse), Child Care (VaCMS)



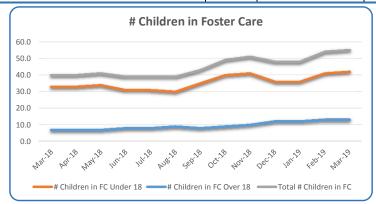
# **Quarterly Local Agency Dashboard : Family Services**

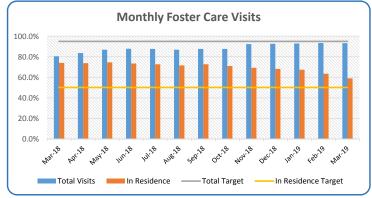
Local Agency >>> Madison FIPS: 113 Region: Northern Level: I (One)

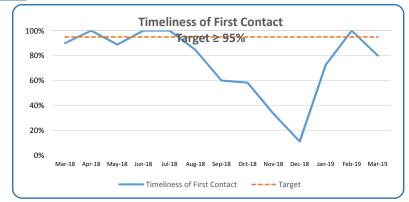
Family Services						
		Result				
Measure	Prior Current Quarter		Target			
Timeliness of First Contact	36.4%	<b>82.1%</b>	≥ 95%			
Congregate Care Placements	5.4%	4.9%	≤ 16%			
Transcription Usage	5.6%	<b>4.0%</b>	≥ 85%			

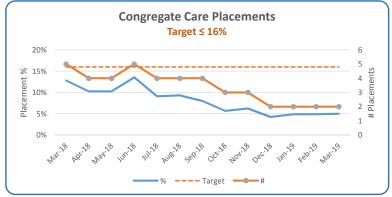
# of Adoptions 8

Qtr/SFY Q3/FY19









FAMILY SERVICES	Target	Jan-19	Feb-19	Mar-19	SFY19 3rd QTR AVG
Timeliness of First Contact (# On Time)	≥ 95%	8	7	8	7.7
Timeliness of First Contact (% On Time)	2 93/0	72.7%	100.0%	80.0%	82.1%
Congregate Care Placements (#)	≤ 16%	2	2	2	2.0
Congregate Care Placements (%)	2 10/0	4.9%	4.9%	5.0%	4.9%
Kinship Care Placements (#)	≥ 25%	3	3	3	3.0
Kinship Care Placements (%)	2 23/0	8.3%	8.1%	8.3%	8.3%
Monthly Foster Care Visits	≥ 95%	92.9%	93.3%	93.2%	93.1%
Monthly Foster Care Visits: In Residence	≥ 50%	67.4%	63.4%	59.0%	63.2%
FPMs: Concurrent Planning (%)	≥ 75%	0%	0%	0%	0%
FPMs: Placement Changes (#)	≥ 75%	0%	0%	0%	0%
Children in Foster Care > 24 months		12	12	12	12
Children in Foster Care > 36 months		3	4	5	4
Children in Foster Care > 48 months		3	4	4	4
AFCARS-Approved Court Hearing Status (#)	≥ 95%	35	34	41	36.7
AFCARS-Approved Court Hearing Status (%)	2 33/0	87.5%	87.2%	93.2%	89.4%
TPR Status		7	6	5	0
Transcription Usage (%)	≥ 85%	3.3%	4.8%	4.0%	4.0%

Title IV	Title IV-E Case						
Review E	rror Rate						
(Ong	oing)						
Targe	t ≤ 5%						
Q3 FY18	N/A						
Q4 FY18	93.33%						
Q1 FY19	N/A						
Q2 FY19	N/A						
Q3 FY19	50.00%						

Title IV-E Case				
Review E	rror Rate			
(Ne	ew)			
Targe	t ≤ 5%			
Q1 FY19	50.00%			
<b>Q2 FY19</b> 0.00%				
Q3 FY19	8.33%			

#### **MONTHLY TREND DATA**

FAMILY SERVICES	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Timeliness of First Contact (# On Time)	≥ 95%	9	8	8	8	6	11	9	7	4	1	8	7	8
Timeliness of First Contact (% On Time)		90.0%	100.0%	88.9%	100.0%	100.0%	84.6%	60.0%	58.3%	33.3%	11.1%	72.7%	100.0%	80.0%
Congregate Care Placements (#)	≤ 16%	5	4	4	5	4	4	4	3	3	2	2	2	2
Congregate Care Placements (%)		12.8%	10.3%	10.3%	13.5%	9.1%	9.3%	8.0%	5.7%	6.3%	4.3%	4.9%	4.9%	5.0%
Kinship Care Placements (#)		1	1	1	1	1	1	3	3	3	3	3	3	3
Kinship Care Placements (%)	≥ <b>25</b> %	3.4%	3.6%	3.4%	3.6%	3.0%	3.2%	8.1%	7.3%	8.8%	9.7%	8.3%	8.1%	8.3%
Monthly Foster Care Visits	≥ 95%	80.4%	83.5%	86.9%	87.7%	87.6%	86.8%	87.6%	87.7%	92.3%	92.6%	92.9%	93.3%	93.2%
Monthly Foster Care Visits: In Residence	≥ 50%	74.1%	73.8%	74.5%	73.4%	72.6%	71.6%	72.7%	71.0%	69.3%	68.1%	67.4%	63.4%	59.0%
FPMs: Concurrent Planning (%)	≥ <b>75</b> %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
FPMs: Placement Changes (%)	≥ <b>75</b> %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Children in Foster Care > 24 months		23	15	15	15	14	16	20	15	12	13	12	12	12
Children in Foster Care > 36 months		9	7	7	7	3	3	4	4	3	3	3	4	5
Children in Foster Care > 48 months		7	7	7	7	3	3	4	4	3	3	3	4	4
AFCARS-Approved Court Hearing Status (#)		29	24	22	20	26	29	29	34	36	36	35	34	41
AFCARS-Approved Court Hearing Status (%)	≥ 95%	83%	71%	67%	65%	72%	83%	83%	85%	97%	92%	88%	87%	93%
TPR Status		5	8	9	8	9	7	6	6	6	6	7	6	5
Transcription Usage (%)	≥ 85%	10.0%	13.5%	11.3%	19.9%	10.1%	26.9%	15.8%	3.4%	10.4%	3.0%	3.3%	4.8%	4.0%

<u>Data Sources</u>: Child Welfare (SafeMeasures & Virginia Child Welfare Outcome Reports), Transcription Services vendor



Local Agency >>>

# **Quarterly Local Agency Dashboard : Human Resources**

Madison

FIPS:

113

Region: Northern Level: I (One)

Qtr/SFY Q3/FY19

#### **QUARTERLY RESULTS**

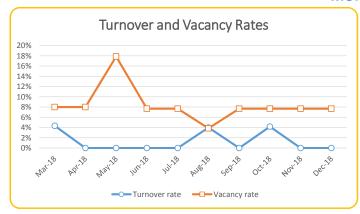
HUMAN RESOURCES	Target	Jan-19	Feb-19	Mar-19	SFY19 3rd QTR AVG
Filled Positions - Administrative	7	6	6	6	6.0
Filled Positions - Benefit Programs	11	10	10	10	10.0
Filled Positions - Family Services	8	8	8	8	8.0
Total Filled Positions	26	24	24	24	24.0
Separations		1	0	0	0.3
Monthly Turnover Rate		4%	0%	0%	
Vacancy Rate		8%	8%	8%	
Employees with Current Evaluation (%)	100%	100%	100%	88%	

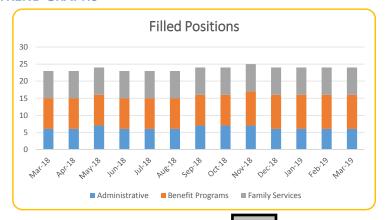
#### **MONTHLY TREND DATA**

HUMAN RESOURCES	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Filled Positions - Administrative	7	6	6	7	6	6	6	7	7	7	6	6	6	6
Filled Positions - Benefit Programs	11	9	9	9	9	9	9	9	9	10	10	10	10	10
Filled Positions - Family Services	8	8	8	8	8	8	8	8	8	8	8	8	8	8
Total Filled Positions	26	23	23	24	23	23	23	24	24	25	24	24	24	24
Separations		0	0	1	1	0	0	0	0	1	0	1	0	0
Monthly Turnover Rate					4%	0%	0%	0%	0%	4%	0%	4%	0%	0%
Vacancy Rate					8%	8%	18%	8%	8%	4%	8%	8%	8%	8%

Data Sources: Public Assistance (Data Warehouse), Child Care (VaCMS), Child Welfare (SafeMeasures & Virginia Child Welfare Outcome Reports), Transcription Services vendor, HR (LETS), Finance (LASER)

#### **MONTHLY TREND GRAPHS**





<u>Data Source</u>: HR (LETS)

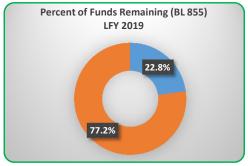


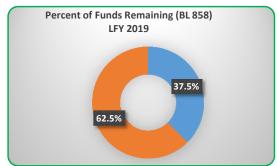
## **Quarterly Local Agency Dashboard: Finance**

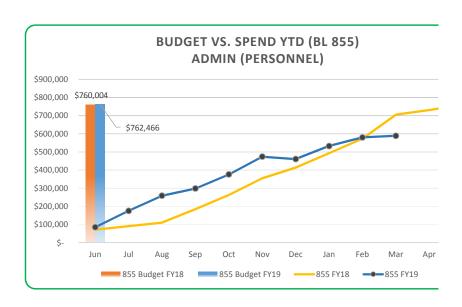
Local Agency >>> Madison FIPS: 113 Region: Northern Level: I (One) Qtr/SFY Q3/FY19

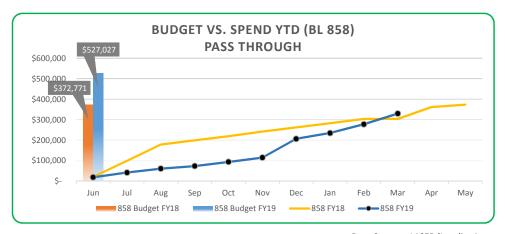
FINANCE	В	Budget	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	ı	May
FEDERAL Staff & Ops Expenditures - LFY19 (BL 855)	\$	762,466	\$ 84,830	\$ 90,154	\$ 83,458	\$ 39,570	\$ 77,395	\$ 97,823	\$ (12,884)	\$ 71,582	\$ 47,693	\$ 8,795			
Staff & Operations Expenditures - LFY18 (BL 855)	\$	760,004	\$ 71,119	\$ 19,840	\$ 18,928	\$ 74,456	\$ 78,090	\$ 91,848	\$ 58,935	\$ 79,485	\$ 80,491	\$ 131,448	\$ 25,658	\$	29,706
Staff & Operations Pass Through - LFY19 (BL 858)	\$	527,027	\$ 18,830	\$ 22,802	\$ 19,083	\$ 12,785	\$ 20,168	\$ 21,167	\$ 91,629	\$ 27,879	\$ 42,956	\$ 51,940			
Staff & Operations Pass Through - LFY18 (BL 858)	\$	372,771	\$ 20,496	\$ 78,149	\$ 80,099	\$ 19,679	\$ 20,710	\$ 22,321	\$ 20,640	\$ 20,632	\$ 20,660	\$ -	\$ 57,709	\$	11,677

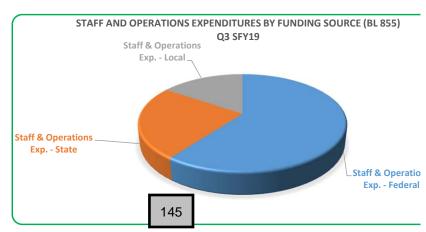
FINANCE by Funding Source	Code	J	an-19	Feb-19	- 1	Vlar-19	SF	Y19/Q3
Staff & Operations Exp Federal		\$	43,114	\$ 28,726	\$	5,347	\$	77,187
Staff & Operations Exp State	BL 855	\$	17,374	\$ 11,576	\$	2,086	\$	31,035
Staff & Operations Exp Local		\$	11,095	\$ 7,392	\$	1,363	\$	19,851
Staff & Operations Pass Through - Federal	BL 858	\$	9,988	\$ 15,389	\$	18,658	\$	44,034
Staff & Operations Pass Through - Local	DL 030	\$	17,892	\$ 27,568	\$	33,282	\$	78,742

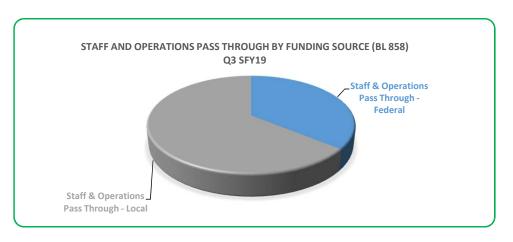












<u>Data Source</u>: LASER (Locality Automated System Expenditure Reimbursement)

#### Funds Remaining

LFY To Date

\$ 174,050
\$ =
\$ 197,789

May

ıns

## **Central Virginia Regional Jail**

UTILIZATION AND FINANCIAL FORECAST

April 2019



ROBINSON, FARMER, COX ASSOCIATES
Charlottesville – Blacksburg – Fredericksburg – Louisa – Richmond – Verona

## **TABLE OF CONTENTS**

<b>I.</b>	INTRODUCTION	1
II.	BACKGROUND	3
III.	METHODOLOGY	4
1.	Approach	4
2.	ASSUMPTIONS	5
IV.	FORECAST OF FINANCIAL OPERATIONS	6
TA	BLE 1- FORECAST PRISONER DAYS, # AND %, BY MEMBER LOCALITY	8
	BLE 2 - FORECAST REVENUES – BEFORE MEMBER CONTRIBUTIONS	
TA	BLE 3 – (PAGE #1) – FORECAST EXPENDITURES	10
TA	BLE 4 – FORECAST MEMBER CONTRIBUTIONS	12
V.	SUPPLEMENTAL TABLES	13
	PPLEMENTAL TABLE 1- FORECAST FACTORS	
Su	PPLEMENTAL TABLE 2- CAPITAL IMPROVEMENT PROGRAM	15
Su	PPLEMENTAL TABLE 3 - HISTORICAL PRISONER DAY DATA – 2013 THROUGH 2017	16

#### I. Introduction

Pursuant to our engagement, Robinson, Farmer, Cox Associates ("the Firm") was engaged by the Central Virginia Regional Jail ("the Jail") to perform a utilization and financial forecast for fiscal years 2020-2025.

This report is presented in the interest of assisting the Jail in near to intermediate term financial planning efforts. The material contained herein is descriptive and analytical, and is not intended to be prescriptive. It is intended for use by the Jail Authority and Jail Management as they evaluate alternative courses of action.

Financial forecasting, performed in conjunction with near to intermediate Jail planning, represents a useful tool. Such forecasting provides decision makers with a financial measure to use when weighing options and making decisions on the use of resources. Furthermore, financial forecasting typically addresses a time period longer than that provided by an annual Jail budget.

This report is organized into the following sections:

- <u>Current Outlook</u>: Describes the general environment in which the Jail operates and includes legislative and other issues.
- Methodology Containing a description of the assumptions and processes utilized in analysis.
- Forecast Containing the quantitative results of analysis.

It should be noted that the forecasts contained herein are based on estimates and assumptions. Forecasts are based primarily on historic trends, and anticipated actions consequently, their validity depends on the outcome of future events. Furthermore, they require regular reviews and updates as legislative and operational changes affect factors influencing their results. This report is intended for planning purposes only and

should not be regarded as accountants' opinions of the present or future financial position of the Jail.

#### II. BACKGROUND

The Central Virginia Regional Jail was created in 1990 with the primary intent of inmate housing for its member localities (the Counties of Fluvanna, Greene, Louisa, Madison, and Orange). The Jail has a total design capacity of 442 beds and an operational capacity of 650 beds holding local, state and federal inmates. Revenues are derived from three primary sources: local, state and federal funds. Historically, federal revenues were received through a Cooperative Agreement Program (CAP) with the U.S. Marshals service and was based on prisoner day calculations, with a minimum of 150 beds being made available. The aforementioned agreement with the US Marshals terminated on January 28, 2017. However, the incorporated Intergovernmental Agreement (IGA) that governs the daily amount of \$50.00 per day, is indefinite. Accordingly, the Jail still houses federal inmates based upon the IGA agreement and upon bed space availability. State revenues, remitted by the State Compensation Board, are based both on numbers of employees and prisoner day calculations. Charges to localities for each year are calculated using the average of each locality's percentage of the inmate population's prisoner days for the prior three-year period. The Jail also generates revenues from "internal" sources such as the commissary funds. Commissary funds are restricted by statute only for purposes benefitting inmates. On April 9, 2009, with the approval of its member localities, the Jail was reorganized as a Jail Authority. It is governed by an Authority comprised of representatives from each member locality.

#### III. METHODOLOGY

A five-year forecast of selected revenue and expenditure items was prepared using the Jail's FY20 budget as the base year of the forecast. This forecast, as are all efforts to extrapolate, is clearly subject to change and modification. The variability or error in the forecast should also be expected to increase with "distance" from the present time. There will usually be differences between the forecasted and actual results because events and circumstances frequently do not occur as expected and these differences may be material. This forecast is intended solely for use by the Jail as it considers operational and capital planning and alternative courses of action. The forecasts do not require formal adoption by the Jail Authority but are for financial planning purposes and are intended to assist the Authority in near to intermediate term decision making efforts.

#### 1. Approach

Preliminary communications with Jail Management were conducted to gather necessary data and input. These efforts yielded:

- Assumptions and related supplementary information which explains existing trends. This data is critical in the determination of historical data point applicability for forecasting purposes.
- Non-recurring events and external factors which would materially affect forecast data. These include but are not limited to construction projects and related capital expenditures, economic pressures, legislative and regulatory environments, and others.
- Factors and related information which would be utilized to generate forecast data. Forecast data reliability increases with covariance between factors and existing data. As such, factors which best described each relevant line item were identified. Additionally, known future changes in line items were evaluated.

As stated earlier, the Jail's FY20 budget was used as the base years for the forecast. In most cases, the forecast was prepared by applying prospective annual rates of change to the individual (detailed) objects of expenditure. In other cases, the forecasted data was calculated based on existing relationships or management's established budgetary assumptions. Data for forecast factors were obtained from the Jail's Adopted Budgets, Audit Reports, and other sources where applicable. These factors included prisoner days for various localities and state/federal inmates and others. Detailed capital expenditure estimates for the forecast period were prepared by Jail Management and included as part of the forecast.

#### 2. Assumptions

The following assumptions were utilized in the course of the forecasts:

- 1. A direct relationship between the selected forecast factor and the budget item being forecasted is assumed. The resulting rate of change for this item therefore moves proportionally with the factor's rate of change.
- 2. Other than those noted and taken into account as part of the forecast, no non-recurring revenues and expenditures are anticipated. Those incorporated into these forecasts include capital expenditure estimates as prepared by Jail Management.
- 3. In support of forecasting future locality prisoner days to predict expenditures, existing trends of increase (or decrease) were utilized.
- 4. As presented in the revenue forecast, the size, application and utilization rate of the Jail's fund balance replicates management's budgetary assumptions.
- 5. Increases in operating revenues (exclusive of member contributions) were not forecast.



#### IV. FORECAST OF FINANCIAL OPERATIONS

**Methodology and Assumptions** - As noted earlier, the Jail's FY20 budget was used as the basis for the cash flow forecast. The forecast was prepared by applying prospective annual rates of change to the individual (detailed) sources of Jail revenue and objects of expenditure<sup>1</sup>. Additionally, certain of management's assumptions were incorporated.

**Historical Factor Values** - Not all the presented rates of change were utilized to prepare the forecast but, rather, are displayed to highlight the trends of the underlying data (see Supplemental Table 1).

Starting with the FY20 budget, a year's forecasted value was prepared by application of a forecasted annual rate of change to the preceding year's value for that revenue or expenditure component. Several assumptions are implicit in a forecast such as this and must be born in mind while considering the computed results. The following assumptions are integral to the forecast:

- A direct relationship is assumed to exist between the item of revenue or expenditure and the factor used to prepare its forecast. The annual rate of change in the factor produces a corresponding proportional movement in the subject item. In lieu of statistical extrapolation, revenues were primarily forecast using management's budgetary assumptions.
- Forecasted revenue components are held at constant values. Neither additions of new sources of revenue nor discontinuance of current sources of revenue are anticipated, with one exception. Federally sourced revenue is forecasted at a constant amount of \$400,000 beyond FY20.

<sup>&</sup>lt;sup>1</sup>The historic values for the various factors: Consumer Price Index, population, etc. were each projected using 2 to 3 different statistical methods. The resulting projection that had the "best" fit to the historical data was selected to be used as a "predictor." The expected rate of change (percent change from one year to the next) for the factor was applied to the budgeted revenue or expenditure component to produce the forecasted value. The forecasted rates of change for the several factors may be found in the Supplemental Tables and the revenue and expenditure components they were associated with may also be found in the Supplemental Tables.



- Neither addition of new programs, services, or staff nor discontinuance of existing programs, services, or staff are anticipated. Objects of expenditure are not expected to display variability attributable to sources other than their associated factors.
- There are no unanticipated non-recurring costs.
- New capital projects and any new debt service are not included at this juncture nor is existing debt service beyond the budget year. Capital projects and debt service that are recognized reflect management's budgetary presentations.

Based upon the above revenue and expenditure forecasts were prepared. Summary tables follow. Complete, detailed materials are underlying these summary presentations may be found in contained in the Supplemental Tables at the back of this document).

Table 1 illustrates forecast prisoner days attributable to each member locality. Prisoner days per locality were forecast using linear regression based on historical data.

Historically, the level of inmates from member jurisdictions have fluctuated, nevertheless overall 3 of 5 members increased in 2018. The other two jurisdictions decreased, one slightly, the second was a material decrease of approximately 23% that regressed the locality towards their historical mean. Inmates from the federal government increased due to the previously mentioned IGA agreement with U.S. Marshals. State prisoners increased steadily between 2014-2017 but decreased by approximately 6,900 in 2018. These trends may be noted upon review of data presented in Supplemental Table 3.

Table 1- Forecast Prisoner Days, # and %, by Member Locality

	Forecast		Historic Dat	a			Fo	recast Perio	d		
Locality	Factor	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Prisoner Days - Fluvanna County	3	15,954	19,438	14,956	15,053	15,149	15,246	15,342	15,439	15,536	15,634
Prisoner Days - Greene County	4	19,263	18,179	20,906	21,376	21,846	22,316	22,787	23,259	23,729	24,208
Prisoner Days - Louisa County	5	33,709	35,259	36,029	35,388	34,747	34,104	33,463	32,821	32,178	31,547
Prisoner Days - Madison County	6	10,340	12,910	13,284	13,807	14,330	14,853	15,377	15,901	16,424	16,964
Prisoner Days - Orange County	7	29,504	30,607	29,293	30,517	31,741	32,966	34,192	35,416	36,641	37,909
Total		108,770	116,393	114,468	116,141	117,813	119,485	121,161	122,836	124,508	126,262
Rolli	ing 3 Year A	verage - #									
Prisone	r Days - Flu	vanna Coun	ty		16,783	16,482	15,053	15,149	15,246	15,342	15,439
Prisone	er Days - Gr	eene Count	y		19,449	20,154	21,376	21,846	22,316	22,787	23,258
Prison	er Days - Lo	uisa County	,		34,999	35,559	35,388	34,746	34,105	33,463	32,821
Prisone	r Days - Ma	dison Count	ty		12,178	13,334	13,807	14,330	14,853	15,377	15,901
Prisone	er Days - Or	ange Count	У		29,801	30,139	30,517	31,741	32,966	34,191	35,416
Total					113,210	115,668	116,141	117,812	119,486	121,160	122,835
Rolli	ng 3 Year A	verage - %									
	•	vanna Coun	ty		14.82%	14.25%	12.96%	12.86%	12.76%	12.66%	12.57%
Prisone	er Days - Gr	eene Count	, V		17.18%	17.42%	18.41%	18.54%	18.68%	18.81%	18.93%
Prison	er Days - Lo	uisa County	,		30.92%	30.74%	30.47%	29.49%	28.54%	27.62%	26.72%
Prisone	r Days - Ma	dison Count	ty		10.76%	11.53%	11.89%	12.16%	12.43%	12.69%	12.95%
Prisone	er Days - Or	ange Count	у		26.32%	26.06%	26.28%	26.94%	27.59%	28.22%	28.83%
Total					100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

The rolling 3-year average of the members' proportion of prisoner days impacts the level of each member's financial contribution to operations. The FY20 budget forecast of revenues prior to member contributions was held constant and is presented immediately below on Table 2.

Table 2 - Forecast Revenues - Before Member Contributions

		В	ase Year					For	ecast Period	I			
Line #	Line Name	20	20 Budget		2021		2022		2023		2024		2025
	CVRJ Resources												
150101	Interest Earned	\$	20,000	\$	20,000	\$	20,000	\$	20,000	\$	20,000	\$	20,000
160503	Work Release / EIP Programs	\$	145,000	\$	145,000	\$	145,000	\$	145,000	\$	145,000	\$	145,000
180303	Rebates and Refunds	\$	5,000	\$	5,000	\$	5,000	\$	5,000	\$	5,000	\$	5,000
180304	Refunds - Inmates	\$	32,000	\$	32,000	\$	32,000	\$	32,000	\$	32,000	\$	32,000
180306	Refunds - Commissary Officer	\$	49,290	\$	49,290	\$	49,290	\$	49,290	\$	49,290	\$	49,290
	Revenue from the Commonwealth												
240105	Salaries and Fringes	\$	4,291,128	\$	4,291,128	\$	4,291,128	\$	4,291,128	\$	4,291,128	\$	4,291,128
240106	Housing State Prisoners	\$	851,152	\$	851,152	\$	851,152	\$	851,152	\$	851,152	\$	851,152
240107	Expenditure Reimbursements	\$	50,000	\$	50,000	\$	50,000	\$	50,000	\$	50,000	\$	50,000
	Revenue from the Federal Government												
330115	Housing Federal Prisoners - * 50 Inmates	\$	600,000	\$	400,000	Ś	400.000	Ś	400,000	Ś	400,000	Ś	400,000
		ľ	,	ľ	,		,	ľ	,	ļ .	,		,
	Use of CVRJ Reserves												
499999	Fund Balance	Ś	1,475,953	\$	125,000	Ś	125.000	\$	125,000	Ś	125,000	Ś	125,000
.55555	Revenue BEFORE Member Contributions	<u> </u>	7,519,523	\$	5,968,570	\$	5,968,570	\$	5,968,570	\$	5,968,570	\$	5,968,570

Revenues before member contributions represent only a portion of the financial picture. Prospective expenditures must also be considered prior to calculating the necessary member contributions. The forecast of operating expenditures, inclusive of expansion impacts (Table 3) and forecast calculations of member contributions (Table 4) follow. Member contributions displayed for FY20 represent the CVRJ adopted budget and are not calculated using data previously presented.

Table 3 – (page #1) – Forecast Expenditures

		Forecast		Base Year					For	ecast Period				
Line #	Line Name	Factor		2020 Budget		2021		2022		2023		2024		2025
1000	Salaries	23	\$	6,866,502	\$	7,072,497	\$	7,284,672	\$	7,503,212	\$	7,728,308	\$	7,960,157
1200	Salaries - Overtime	23	\$	259,000	\$	266,770	\$	274,773	\$	283,016	\$	291,506	\$	300,251
1900	Unemployment	23	\$	6,000	\$	6,180	\$	6,365	\$	6,556	\$	6,753	\$	6,956
2100	FICA	23	\$	545,101	\$	561,454	\$	578,298	\$	595,647	\$	613,516	\$	631,921
2210	VRS	23	\$	846,321	\$	871,711	\$	897,862	\$	924,798	\$	952,542	\$	981,118
2300	Health Insurance	25	\$	1,986,699	\$	2,086,034	\$	2,190,336	\$	2,299,853	\$	2,414,846	\$	2,535,588
2320	Retiree Health Ins Credit	23	\$	21,000	\$	21,630	\$	22,279	\$	22,947	\$	23,635	\$	24,344
2400	Group Life Insurance	23	\$	89,563	\$	92,250	\$	95,018	\$	97,869	\$	100,805	\$	103,829
2700	Workers' Compensation	23	\$	158,493	\$	163,248	\$	168,145	\$	173,189	\$	178,385	\$	183,737
2710	Hybrid Disability Insurance	25	\$	6,137	\$	6,444	\$	6,766	\$	7,104	\$	7,459	\$	7,832
2830	LODA	27	\$	30,750	\$	30,750	\$	30,750	\$	30,750	\$	30,750	\$	30,750
3110	Outside Medical, Dental and Hospital Claims	1	\$	615,000	\$	625,148	\$	635,275	\$	645,439	\$	655,637	\$	665,996
3111	Physician	23	\$	100,000	\$	103,000	\$	106,090	\$	109,273	\$	112,551	\$	115,928
3112	Dentist Payabalariat	1	\$	65,000	\$	66,073	\$	67,143	\$	68,217	\$	69,295	\$	70,390
3113	Psychologist	23	\$	83,200	\$	85,696	\$	88,267	\$	90,915	\$	93,642	\$	96,451
3115	Employee Medical Assessment Psychiatrist	25	\$	2,500	\$	2,625	\$	2,756	\$	2,894	\$	3,039	\$	3,191
3116	Medical - DOC Responsible Inmates	27	\$ \$	80,000	\$ \$	80,000	\$ \$	80,000	\$	80,000	\$ \$	80,000	\$	80,000
3117 3118	Laboratory and X-ray Services	27 23	\$	50,000 42,000	\$	50,000 43,260	\$	50,000 44,558	\$ \$	50,000 45,895	\$	50,000	\$ \$	50,000 48,690
3120	Auditor	23 27	\$	15,000	\$	15,000	\$	15,000	\$	15,000	\$	47,272 15,000	\$	15,000
3120	PREA Audit	27	\$	8,000	\$	8,000	\$	8,000	\$	8,000	\$	8,000	\$	8,000
	Financial - 5 Year Plan		\$				\$	7,000		7,000	\$	7,000		7,000
3130 3150	Legal Services	27 27	\$	7,000 20,000	\$ \$	7,000 20,000	\$	20,000	\$ \$	20,000	\$	20,000	\$	20,000
3151	Litigation	27	\$	65,000	\$	65,000	\$	65,000	\$	65,000	\$	65,000	\$	65,000
3153	General Assembly Representation	27	\$	20,000	\$	20,000	\$	20,000	\$	20,000	\$	20,000	\$	20,000
3160	Data Processing	27	\$	20,000	\$	20,000	\$	20,000	\$	20,000	\$	20,000	\$	20,000
3161	Communications / IT Service Contracts	23	\$	16,636	\$	17,135	\$	17,649	\$	18,178	\$	18,723	\$	19,285
3162	EMR Maintenance Contract	27	\$	17,400	\$	17,400	\$	17,400	\$	17,400	\$	17,400	\$	17,400
3170	Community Corrections Program	27	\$	75,000	\$	75,000	\$	75,000	\$	75,000	\$	75,000	\$	75,000
3180	OAR - CIT Training	27	\$	2,500	\$	2,500	\$	2,500	\$	2,500	\$	2,500	\$	2,500
3181	Basic and In-Service Training - RRCJA	24	\$	58,000	\$	60,320	\$	62,733	\$	65,242	\$	67,852	\$	70,566
3201	Interpreter Services	27	\$	3,750	\$	3,750	\$	3,750	\$	3,750	\$	3,750	\$	3,750
3310	Repairs & Maint / Building and Grounds	22	\$	38,000	\$	38,760	\$	39,535	\$	40,326	\$	41,133	\$	41,956
3311	Outside Repairs - EDP Equipment	22	\$	1,500	\$	1,530	\$	1,561	\$	1,592	\$	1,624	\$	1,656
3312	Repairs & Maintenance - Vehicles	24	\$	12,500	\$	13,000	\$	13,520	\$	14,061	\$	14,623	\$	15,208
3312	Repairs & Maint / Equipment - Buildings and Grounds	27	\$	4,500	\$	4,500	\$	4,500	\$	4,500	\$	4,500	\$	4,500
3320	Maintenance Contracts - Buildings and Grounds	27	\$	63,780	\$	63,780	\$	63,780	\$	63,780	\$	63,780	\$	63,780
3321	Maintenance Contracts - Office Equipment	25	\$	4,300	\$	4,515	\$	4,741	\$	4,978	\$	5,227	\$	5,488
3322	Extermination Services	27	\$	4,000	\$	4,000	\$	4,000	\$	4,000	\$	4,000	\$	4,000
3323	Infectious Waste Removal	27	\$	2,500	\$	2,500	\$	2,500	\$	2,500	\$	2,500	\$	2,500
3323	Refuse Collection	27	\$	8,250	\$	8,250	\$	8,250	\$	8,250	\$	8,250	\$	8,250
3500	Printing and Binding Services - Admin	27	\$	2,000	\$	2,000	\$	2,000	\$	2,000	\$	2,000	\$	2,000
3500	Printing and Binding Services - Security	23	\$	7,500	\$	7,725	\$	7,957	\$	8,196	\$	8,442	\$	8,695
3500	Printing and Binding Services - Training	23	\$	1,000	\$	1,030	\$	1,061	\$	1,093	\$	1,126	\$	1,160
3500	Printing and Binding Services - Medical	23	\$	1,000	\$	1,030	\$	1,061	\$	1,093	\$	1,126	\$	1,160
3600	Advertising - Admin	27	\$	500	\$	500	\$	500	\$	500	\$	500	\$	500
3600	Advertising - Training	27	\$	4,000		4,000	\$	4,000		4,000	\$	4,000	\$	4,000
5110	Electricity / Propane (Heat)	24	\$	355,000		369,200	1	383,968		399,327	\$	415,300		431,912
5130	Water and Sewer	23	\$	170,000		175,100		180,353		185,764	\$	191,337	\$	197,077
5210	Postage	23	\$	5,000	\$	5,150		5,305	\$	5,464	\$	5,628	\$	5,797
5230	Telecommunications	23	\$	25,000	1	25,750	1	26,523	\$	27,319		28,139	\$	28,983
5301	Insurance - Boiler and Machinery	24	\$	4,000	\$	4,160	1	4,326	\$	4,499	\$	4,679	\$	4,866
5305	Insurance - Vehicles	24	\$	9,850	\$	10,244		10,654		11,080	\$	11,523	\$	11,984
5307	Insurance - Public Officials Liablity Insurance - Law Enforcement Liability	27	\$	3,500	ç	3,500	1	3,500	\$	3,500	\$	3,500	ې د	3,500
5308	Insurance - Law Enforcement Liability Insurance - General Property	27	\$	500 36,000	\$	500 26 780	1	500 27 592	\$	500 38 410	\$	500 29.262	\$	500 30 140
5309 5310	Insurance - General Property  Insurance - Incr Limits, Inland Marine & Inmate Accident	23 24	\$ \$	26,000	\$	26,780	1	27,583	\$	28,410	\$	29,262	ç	30,140
5310 5410	Lease - Office Equipment		\$	6,000 5,000	\$	6,240 5,200		6,490 5,408	\$	6,750 5,634	ı .	7,020 5,840	\$	7,301
5410	Work Release/EIP	24 23	\$	5,000 23,977		5,200		5,408 25,437		5,624 26,200		5,849 26,986		6,083 27,796
3410	TOTA TOTAL	<b>4</b> 3	Ş	23,977	Ş	24,696	Ş	25,437	ş	26,200	Ş	26,986	Ş	21,196

## Table 3 – (page #2) – Forecast Expenditures

		Forecast	Base Year			For	ecast Period		
Line #	Line Name	Factor	Budget	2021	2022		2023	2024	2025
5510	Tolls	27	\$ 100	\$ 100	\$ 100	\$	100	\$ 100	\$ 100
5530	Meals and Lodging - Admin	27	\$ 2,500	\$ 2,500	\$ 2,500	\$	2,500	\$ 2,500	\$ 2,500
5530	Meals and Lodging - IT & Food Services	27	\$ 2,000	\$ 2,000	\$ 2,000	\$	2,000	\$ 2,000	2,000
5530	Meals and Lodging - Medical	27	\$ 3,500	\$ 3,500	\$ 3,500	\$	3,500	\$ 3,500	\$ 3,500
5530	Meals, Lodging, Meals Academy - Training	27	\$ 28,760	\$ 28,760	\$ 28,760	\$	28,760	\$ 28,760	\$ 28,760
5540	Conventions and Education - Admin	27	\$ 2,500	\$ 2,500	\$ 2,500	\$	2,500	\$ 2,500	\$ 2,500
5540	Conventions and Education - IT	27	\$ 1,500	\$ 1,500	\$ 1,500	\$	1,500	\$ 1,500	\$ 1,500
5540	Conventions, Seminars, Education, Recerts - Training	27	\$ 20,000	\$ 20,000	\$ 20,000	\$	20,000	\$ 20,000	\$ 20,000
5540	Conventions and Education - Medical	27	\$ 5,000	\$ 5,000	\$ 5,000	\$	5,000	\$ 5,000	\$ 5,000
5540	Conventions and Education - Food Services	27	\$ 5,400	\$ 5,400	\$ 5,400	\$	5,400	\$ 5,400	\$ 5,400
5600	Contributions	27	\$ 1,500	\$ 1,500	\$ 1,500	\$	1,500	\$ 1,500	\$ 1,500
5810	Dues and Memberships	27	\$ 2,500	\$ 2,500	\$ 2,500	\$	2,500	\$ 2,500	\$ 2,500
5811	Permits, Fees and Licenses - Medical	27	\$ 1,000	\$ 1,000	\$ 1,000	\$	1,000	\$ 1,000	\$ 1,000
5811	Permits, Fees and Licenses - Food Services	27	\$ 1,500	\$ 1,500	\$ 1,500	\$	1,500	\$ 1,500	\$ 1,500
5840	Contingency	27	\$ 64,000	\$ 64,000	\$ 64,000	\$	64,000	\$ 64,000	\$ 64,000
6001	Office Supplies	23	\$ 18,000	\$ 18,540	\$ 19,096	\$	19,669	\$ 20,259	\$ 20,867
6001	EDP Supplies	23	\$ 20,000	\$ 20,600	\$ 21,218	\$	21,855	\$ 22,511	\$ 23,186
6002	Disposable Products - Food Services	24	\$ 10,950	\$ 11,388	\$ 11,844	\$	12,318	\$ 12,811	\$ 13,323
6003	Medical Supplies and Pharmaceuticals	25	\$ 400,000	\$ 420,000	\$ 441,000	\$	463,050	\$ 486,203	\$ 510,513
6004	Food and Beverages	25	\$ 702,625	\$ 737,756	\$ 774,644	\$	813,376	\$ 854,045	\$ 896,747
6005	Janitorial and Laundry Supplies	23	\$ 70,000	\$ 72,100	\$ 74,263	\$	76,491	\$ 78,786	\$ 81,150
6005	Janitorial and Kitchen Cleaning Supplies	23	\$ 19,950	\$ 20,549	\$ 21,165	\$	21,800	\$ 22,454	\$ 23,128
6006	Linen Supplies - Security	23	\$ 58,600	\$ 60,358	\$ 62,169	\$	64,034	\$ 65,955	\$ 67,934
6006	Kitchen Linens	23	\$ 1,500	\$ 1,545	\$ 1,591	\$	1,639	\$ 1,688	\$ 1,739
6007	Supplies - Buildings and Grounds	23	\$ 59,200	\$ 60,976	\$ 62,805	\$	64,689	\$ 66,630	\$ 68,629
6008	Fuel - Vehicles	25	\$ 30,000	\$ 31,500	\$ 33,075	\$	34,729	\$ 36,465	\$ 38,288
6008	Fuel - Generators / Power Equipment	25	\$ 16,000	\$ 16,800	\$ 17,640	\$	18,522	\$ 19,448	\$ 20,420
6009	Supplies - Vehicles	23	\$ 5,000	\$ 5,150	\$ 5,305	\$	5,464	\$ 5,628	\$ 5,797
6009	Supplies - Power Equipment	23	\$ 1,500	\$ 1,545	\$ 1,591	\$	1,639	\$ 1,688	\$ 1,739
6010	Security Supplies - Security	23	\$ 47,725	\$ 49,157	\$ 50,632	\$	52,151	\$ 53,716	\$ 55,327
6010	Security Supplies - Training	27	\$ 22,730	\$ 22,730	\$ 22,730	\$	22,730	\$ 22,730	\$ 22,730
6011	Uniforms - Sworn Staff, Admin and Records - Training	27	\$ 86,050	\$ 86,050	\$ 86,050	\$	86,050	\$ 86,050	\$ 86,050
6011	Uniforms - Nurses	27	\$ 3,000	\$ 3,000	\$ 3,000	\$	3,000	\$ 3,000	\$ 3,000
6011	Uniforms - Food Services	27	\$ 3,500	\$ 3,500	\$ 3,500	\$	3,500	\$ 3,500	\$ 3,500
6011A	Uniforms - Inmates	27	\$ 35,800	\$ 35,800	\$ 35,800	\$	35,800	\$ 35,800	\$ 35,800
6011A	Inmate Uniforms and Protective Wear - Food Services	27	\$ 2,500	\$ 2,500	\$ 2,500	\$	2,500	\$ 2,500	\$ 2,500
6012	Books and Subscriptions - Admin	27	\$ 3,200	\$ 3,200	\$ 3,200	\$	3,200	\$ 3,200	\$ 3,200
6012	Books and Subscriptions - IT	27	\$ 500	\$ 500	\$ 500	\$	500	\$ 500	\$ 500
6012	Books and Subscriptions - Medical	27	\$ 1,000	\$ 1,000	\$ 1,000	\$	1,000	\$ 1,000	\$ 1,000
6013	Classroom Educational Supplies - Training	27	\$ 2,000	\$ 2,000	\$ 2,000	\$	2,000	\$ 2,000	\$ 2,000
6014	Food Services - Prep Supplies	27	\$ 4,000	\$ 4,000	\$ 4,000	\$	4,000	\$ 4,000	\$ 4,000
8101	Machinery, Equipment, Power Tools	27	\$ 5,000	\$ 5,000	\$ 5,000	\$	5,000	\$ 5,000	\$ 5,000
8102	Furniture and Fixtures - Admin	27	\$ 2,000	\$ 2,000	\$ 2,000	\$	2,000	\$ 2,000	\$ 2,000
8102	Furniture and Fixtures - Training	27	\$ 2,500	\$ 2,500	\$ 2,500	\$	2,500	\$ 2,500	\$ 2,500
8102	Furniture and Fixtures - Security	27	\$ 1,000	\$ 1,000	\$ 1,000	\$	1,000	\$ 1,000	\$ 1,000
8102	Furniture and Fixtures - Medical	27	\$ 1,000	\$ 1,000	\$ 1,000	\$	1,000	\$ 1,000	\$ 1,000
8107	EDP Equipment - Replace	27	\$ 22,300	\$ 22,300	\$ 22,300	\$	22,300	\$ 22,300	\$ 22,300
8111	Food Services Equipment / Dinnerware - Replace	27	\$ 7,500	\$ 7,500	\$ 7,500	\$	7,500	\$ 7,500	\$ 7,500
8207	EDP Equipment - Additional	26	\$ 26,428	\$ - 0.000	\$ - 0.000	\$	- 0.000	\$ - 0.000	\$ - 0.000
8211	Food Services Equipment / Dinnerware - New	27	\$ 9,000	\$ 9,000	\$ 9,000	\$	9,000	\$ 9,000	\$ 9,000
XXXX	Capital	26	\$ 1,127,700	\$ 362,500	\$ 301,000	\$	415,000	\$ 256,000	\$ 185,000
1	TOTAL		\$ 15,942,227	\$ 15,628,340	\$ 16,059,798	\$	16,684,739	\$ 17,055,371	\$ 17,533,574

Table 4 – Forecast Member Contributions

	Base Year				For	ecast Period	ı		
Item	2020 Budget		2021	2022		2023		2024	2025
Revenue BEFORE Member Contributions	\$ 7,519,523		5,968,570	\$ 5,968,570	\$	5,968,570	\$	5,968,570	\$ 5,968,570
Total Forecasted Expenditures	\$15,942,227	•	5 15,628,340	\$ 16,059,798	\$	16,684,739	\$	17,055,371	\$ 17,533,574
Difference - Localities' Responsibility	\$ (8,422,704	) :	\$ (9,659,770)	\$ (10,091,228)	\$	(10,716,169)	\$	(11,086,801)	\$ (11,565,004)
Proportional Responsibility									
Fluvanna County	14.249%	6	12.96%	12.86%		12.76%		12.66%	12.57%
Greene County	17.42%	6	18.41%	18.54%		18.68%		18.81%	18.93%
Louisa County	30.74%	6	30.47%	29.49%		28.54%		27.62%	26.72%
Madison County	11.53%	6	11.89%	12.16%		12.43%		12.69%	12.95%
Orange County	26.06%	6	26.28%	26.94%		27.59%		28.22%	28.83%
Total	100.00%	6	100.00%	100.00%		100.00%		100.00%	100.00%
Fluvanna County	\$ 1,242,349		\$ 1,252,003	\$ 1,297,591	\$	1,367,351	\$	1,403,877	\$ 1,453,594
Greene County	\$ 1,328,261		\$ 1,777,900	\$ 1,871,226	\$	2,001,427	\$	2,085,139	\$ 2,189,753
Louisa County	\$ 2,760,962		\$ 2,943,322	\$ 2,976,186	\$	3,058,727	\$	3,062,052	\$ 3,090,123
Madison County	\$ 838,059		\$ 1,148,363	\$ 1,227,436	\$	1,332,095	\$	1,407,081	\$ 1,497,090
Orange County	\$ 2,253,073		5 2,538,182	\$ 2,718,789	\$	2,956,570	\$	3,128,662	\$ 3,334,445
Total	\$ 8,422,704	. (	9,659,770	\$ 10,091,228	\$	10,716,170	\$	11,086,811	\$ 11,565,005
Rounding error	\$ -	,	<del>-</del>	\$ -	\$	1	\$	10	\$ 1

Coincident with the slowly increasing overall trend of members' prisoner days the amount of locally borne operational costs are also forecast to increase. This produces an annual increase in each member's required contribution. Clearly, availability and use of any accumulated fund balance mitigates, to some extent, the required member contributions. As would:

- Increases in the expected levels of federal and state prisoners.
- Lower rates of expenditure increase than forecasted.
- Changes in state funding levels

Clearly, the Jail should carefully monitor revenue, expenditure and fund balance levels.

#### V. SUPPLEMENTAL TABLES

Presented on the following Supplemental Tables are the base data, assumptions, methods and detailed calculations that underlie the forecast.

- Supplemental Table 1 Forecast Factors: Displayed on this table are those data that were used to compute trends.
- Supplemental Table 2 Capital Budget: The Jail's 5-year Capital Improvement Program is presented.
- Supplemental Tables 3 Prisoner Day Detail: These tables detail historical prisoner day information for the period analyzed (2014 through 2018).

## **Supplemental Table 1- Forecast Factors**

## Base Data

	Foreca	ast Methods: 1 - A	Average Annual %	Change 2 - Avera	age Annual # Ch	ange 3-Linea	ar Regression	l
			5 Years' Data					Linear
	2014	2015	2016	2017	2018	Ave Ann	Ave Ann	Regression
Factor Name	Year 1	Year 2	Year 3	Year 4	Year 5	% Incr	# Incr	Slope
CPI	234.812	236.525	241.432	246.524	251.233	101.70%	4.11	4.28
Prisoner Days - Fluvanna County	16,913.00	14,455.00	15,954.00	19,438.00	14,956.00	96.97%	(489.25)	106.90
Prisoner Days - Greene County	19,680.00	16,189.00	19,263.00	18,179.00	20,906.00	101.52%	306.50	444.20
Prisoner Days - Louisa County	36,905.00	39,760.00	33,709.00	35,259.00	36,029.00	99.40%	(219.00)	(625.30
Prisoner Days - Madison County	11,598.00	11,202.00	10,340.00	12,910.00	13,284.00	103.45%	421.50	508.00
Prisoner Days - Orange County	22,065.00	31,971.00	29,504.00	30,607.00	29,293.00	107.34%	1,807.00	1,309.20
Prisoner Days - Federal	25,754.00	18,964.00	10,443.00	10,145.00	14,332.00	86.37%	(2,855.50)	(3,166.30
Total Prisoner Days	162,295.00	166,291.00	159,080.00	170,788.00	166,160.00	100.59%	966.25	1,222.70
Total Local Days - Summary	107,161.00	113,577.00	108,770.00	116,393.00	114,468.00	101.66%	1,826.75	1,743.00
Prisoner Days - State	29,380.00	33,750.00	39,867.00	44,250.00	37,360.00	106.19%	1,995.00	2,646.00

## Annual Rates of Change

			Doto	o Of Change Over I	Tava asst Davis d		
	Forecast	2019	2020	S Of Change Over I	2022	2023	2024
Factor Name	Method Used	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
СРІ	#3 Lin Regress	1.71%	1.68%	1.65%	1.62%	1.60%	1.58%
	#1 AvgAnn % Incr						
Prisoner Days - Fluvanna County	#3 Lin Regress	0.65%	0.64%	0.64%	0.63%	0.63%	0.63%
Prisoner Days - Greene County	#3 Lin Regress	2.25%	2.20%	2.15%	2.11%	2.07%	2.02%
Prisoner Days - Louisa County	#3 Lin Regress	-1.78%	-1.81%	-1.85%	-1.88%	-1.92%	-1.96%
Prisoner Days - Madison County	#3 Lin Regress	3.94%	3.79%	3.65%	3.53%	3.41%	3.29%
Prisoner Days - Orange County	#3 Lin Regress	4.18%	4.01%	3.86%	3.72%	3.58%	3.46%
	#3 Lin Regress						
Prisoner Days - Federal	#3 Lin Regress	-33.00%	-49.25%	-97.05%	-3294.80%	103.13%	50.77%
Total Prisoner Days	#3 Lin Regress	0.73%	0.73%	0.72%	0.71%	0.71%	0.70%
Total Local Days - Summary	#3 Lin Regress	1.51%	1.49%	1.46%	1.44%	1.42%	1.40%
Prisoner Days - State	#3 Lin Regress	6.27%	5.90%	5.57%	5.28%	5.01%	4.77%
	#3 Lin Regress						
	#3 Lin Regress						
	#3 Lin Regress						
	#3 Lin Regress						
	#3 Lin Regress						
	#3 Lin Regress						
	#3 Lin Regress						
	#3 Lin Regress						
One Percent Increase	Manual Entry	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
Two Percent Increase	Manual Entry	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%
Three Percent Increase	Manual Entry	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
Four Percent Increase	Manual Entry	4.00%	4.00%	4.00%	4.00%	4.00%	
Five Percent Increase	Manual Entry	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
Elimination	Fixed	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Constant	Fixed						

## **Supplemental Table 2- Capital Improvement Program**

CAPITAI	EXPENDITURE FORECAST	Base Year		F	orecast Period		
		2020 Budget	2021	2022	2023	2024	2025
Line ite	m Item						
	Capital - Replace						
	Machinery and Equipment	147,000	150,000	105,000	110,000	105,000	110,000
	Communication Equipment	15,000	-	15,000	-	15,000	-
	Motor Vehicles and Motorized Equipment	70,000	75,000	75,000	75,000	75,000	75,000
Total		232,000	225,000	195,000	185,000	195,000	185,000
	<u>Capital - New</u>						
	Machinery and Equipment	-	-	-	-	-	-
	Furniture and Fixtures	-	-	-	-	-	-
	Communication Equipment	-	-	-	-	-	-
	Defibrillator / Monitor	20,000	-	-	-	-	-
	Bladder Scanner	3,500	-	-	-	-	-
	Motor Vehicles and Motorized Equipment	-	-	-	-	5,000	-
	EDP Equipment	-	-	-	-	-	-
Total		23,500	-	-	-	5,000	-
	Capital Improvement To Buildings/Grounds						
	Sally-Port Roll Up Door	12,000	-	-	-	-	-
	Facility Locks	-	7,500	-	15,000	-	-
	Door Renovations - H Block	-	100,000	-	-	-	-
	Door Renovations - D & E Block	-	-	100,000	-	-	-
	Door Renovations - F & G Block	-	-	-	100,000	-	-
	Entrance Metal Detector	4,200	-	-	-	-	-
	Security Glass	6,000	-	6,000	-	6,000	-
	Renovation Northside Plumbing	850,000	-	-	-	-	-
	Vent Cleaning	-	-	-	-	50,000	-
	Warehouse	-	-	-	115,000	-	-
	Correct Trench Drain		30,000	-	-	-	-
Total		872,200	137,500	106,000	230,000	56,000	-
Grand T	otal	1,127,700	362,500	301,000	415,000	256,000	185,000

## Supplemental Table 3 - Historical Prisoner Day Data – 2014 Through 2018

Historical Prisoner Day Totals

	Year					
Туре	2014	2015	2016	2017	2018	
Local	107,161	113,577	108,770	116,393	114,468	
State	29,380	33,750	39,867	44,250	37,360	
Federal	25,754	18,964	10,443	10,145	14,332	
TOTAL Prisoner Days	162,295	166,291	159,080	170,788	166,160	
					Ì	

Historical Prisoner Day Detail for Member Localities

	201	14	20	15	201	6	20	17	20	18	To	tal
Month	Local	%										
Fluvanna	16,913	15.78%	14,455	12.73%	15,954	14.67%	19,438	16.70%	14,956	13.07%	81,716	14.58%
Greene	19,680	18.36%	16,189	14.25%	19,263	17.71%	18,179	15.62%	20,906	18.26%	94,217	16.81%
Louisa	36,905	34.44%	39,760	35.01%	33,709	30.99%	35,259	30.29%	36,029	31.48%	181,662	32.42%
Madison	11,598	10.82%	11,202	9.86%	10,340	9.51%	12,910	11.09%	13,284	11.60%	59,334	10.59%
Orange	22,065	20.59%	31,971	28.15%	29,504	27.13%	30,607	26.30%	29,293	25.59%	143,440	25.60%
TOTAL	107,161	100.00%	113,577	100.00%	108,770	100.00%	116,393	100.00%	114,468	100.00%	560,369	100.00%
% of Total		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%

Historical Prisoner Day Detail for State Prisoners

	Year				
	2014	2015	2016	2017	2018
State	29,380	33,750	39,867	44,250	37,360



## Federal Emergency Management Agency

Washington, D.C. 20472

June 13, 2019

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

IN REPLY REFER TO: APPEAL START 18-03-0007S

The Honorable R. Clay Jackson Chairman, Madison County Board of Supervisors P.O. Box 705 Madison, Virginia 22727 Community: Madison County,

Virginia

(Unincorporated Areas)

Community No.: 510094

Dear Mr. Jackson:

On July 23, 2018, the Department of Homeland Security's Federal Emergency Management Agency (FEMA) provided your community with Preliminary copies of the revised Flood Insurance Rate Map (FIRM) and Flood Insurance Study (FIS) report for Madison County, Virginia and Incorporated Areas. FEMA has posted digital copies of these revised FIRM and FIS report materials to the following Website: https://www.fema.gov/preliminaryfloodhazarddata. The Preliminary FIRM and FIS report include proposed flood hazard information for certain locations in the unincorporated areas of Madison County. The proposed flood hazard information may include addition or modification of Special Flood Hazard Areas, the areas that would be inundated by the base (1-percent-annual-chance) flood; base flood elevations or depths; zone designations; or regulatory floodways.

We have published a notice of the proposed flood hazard determinations in the *Federal Register* and will publish a public notification concerning the appeal process (explained below) in *The Madison Eagle* on or about June 20, 2019, and June 27, 2019. We will also publish a separate notice of the flood hazard determinations on the "Flood Hazard Determinations on the Web" portion of the FEMA Website (www.fema.gov/plan/prevent/fhm/bfe). We have enclosed copies of the notice published in the *Federal Register* and the newspaper notice for your information.

These proposed flood hazard determinations, if finalized, will become the basis for the floodplain management measures that your community must adopt or show evidence of having in effect to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP). However, before any new or modified flood hazard information is effective for floodplain management purposes, FEMA will provide community officials and citizens an opportunity to appeal the proposed flood hazard information presented on the preliminary revised FIRM and FIS report posted to the above-referenced Website.

Section 110 of the Flood Disaster Protection Act of 1973 (Public Law 93-234) is intended to ensure an equitable balancing of all interests involved in the setting of flood hazard determinations. The legislation provides for an explicit process of notification and appeals for your community and for private persons prior to this office making the flood hazard determinations final. The appeal procedure is outlined below for your information and in the enclosed document titled *Criteria for Appeals of Flood Insurance Rate Maps*.

During the 90-day appeal period following the second publication of the public notification in the abovenamed newspaper, any owner or lessee of real property in your community who believes his or her property rights will be adversely affected by the proposed flood hazard determinations may appeal to you, or to an agency that you publicly designate. It is important to note, however, that the sole basis for such appeals is the possession of knowledge or information indicating that the proposed flood hazard determinations are scientifically or technically incorrect. The appeal data must be submitted to FEMA during the 90-day appeal period. Only appeals of the proposed flood hazard determinations supported by scientific or technical data can be considered before FEMA makes its final flood hazard determination at the end of the 90-day appeal period. Note that the 90-day appeal period is statutory and cannot be extended. However, FEMA also will consider comments and inquiries regarding data other than the proposed flood hazard determinations (e.g., incorrect street names, typographical errors, omissions) that are submitted during the appeal period, and will incorporate any appropriate changes to the revised FIRM and FIS report before they become effective.

If your community cannot submit scientific or technical data before the end of the 90-day appeal period, you may nevertheless submit data at any time. If warranted, FEMA will revise the FIRM and FIS report after the effective date. This means that the revised FIRM would be issued with the flood hazard information presently indicated, and flood insurance purchase requirements would be enforced accordingly, until such time as a revision could be made.

Any interested party who wishes to appeal should present the data that tend to negate or contradict our findings to you, or to an agency that you publicly delegate, in such form as you may specify. We ask that you review and consolidate any appeal data you may receive and issue a written opinion stating whether the evidence provided is sufficient to justify an official appeal by your community in its own name or on behalf of the interested parties. Whether or not your community decides to appeal, you must send copies of individual appeals and supporting data, if any, to: Ms. Nikki Roberts, at the FEMA Region III Office, 615 Chestnut Street, One Independence Mall, 6th Floor, Philadelphia, Pennsylvania 19106-4404.

If we do not receive an appeal or other formal comment from your community in its own name within 90 days of the second date of public notification, we will consolidate and review on their own merits such appeal data and comments from individuals that you may forward to us, and we will make such modifications to the proposed flood hazard information presented on the revised FIRM and in the revised FIS report as may be appropriate. If your community decides to appeal in its own name, all individuals' appeal data must be consolidated into one appeal by you, because, in this event, we are required to deal only with the local government as representative of all local interests. We will send our final decision in writing to you, and we will send copies to the community floodplain administrator, each individual appellant, and the State NFIP Coordinator.

All appeal submittals will be resolved by consultation with officials of the local government involved, by an administrative hearing, or by submission of the conflicting data to an independent scientific body or appropriate Federal agency for advice. Use of a Scientific Resolution Panel (SRP) is also available to your community in support of the appeal resolution process when conflicting scientific or technical data are submitted during the appeal period. SRPs are independent panels of experts in hydrology, hydraulics, and other pertinent sciences established to review conflicting scientific and technical data and provide recommendations for resolution. An SRP is an option after FEMA and community officials have been engaged in a collaborative consultation process for at least 60 days without a mutually acceptable resolution of an appeal. Please refer to the enclosed "Scientific Resolution Panels" fact sheet for additional information on this resource available to your community.

FEMA will make the reports and other information used in making the final determination available for public inspection. Until the conflict of data is resolved and the revised FIRM becomes effective, flood insurance available within your community will continue to be available under the effective NFIP map, and no person shall be denied the right to purchase the applicable level of insurance at chargeable rates.

The decision by your community to appeal, or a copy of its decision not to appeal, should be filed with this office no later than 90 days following the second publication of the flood hazard determination notice in the above-named newspaper. Your community may find it appropriate to call further attention to the proposed flood hazard determinations and to the appeal procedure by using a press release or other public notice.

If warranted by substantive changes, during the appeal period we will send you Revised Preliminary copies of the revised FIRM and FIS report. At the end of the 90-day appeal period and following the resolution of any appeals and comments, we will send you a Letter of Final Determination, which will finalize the flood hazard information presented on the revised FIRM and FIS report and will establish an effective date.

If you have any questions regarding the proposed flood hazard determinations, revised FIRM panels, or revised FIS report for your community, please call our FEMA Map Information eXchange (FMIX), toll free, at 1-877-FEMA MAP (1-877-336-2627) or e-mail the FMIX staff at FEMAMapSpecialist@riskmapcds.com.

Sincerely,

Luis Rodriguez, P.E., Director Engineering and Modeling Division

Con the

Federal Insurance and Mitigation Administration

List of Enclosures:

Newspaper Notice Proposed Flood Hazard Determinations Federal Register Notice Criteria for Appeals of Flood Insurance Rate Maps "Scientific Resolution Panels" Fact Sheet

cc: Community Map Repository

Betty C. Grayson, Zoning Administrator, Madison County

#### DEPARTMENT OF HOMELAND SECURITY

#### FEDERAL EMERGENCY MANAGEMENT AGENCY

#### Proposed Flood Hazard Determinations for Madison County, Virginia and Incorporated Areas

The Department of Homeland Security's Federal Emergency Management Agency has issued a preliminary Flood Insurance Rate Map (FIRM), and where applicable, Flood Insurance Study (FIS) report, reflecting proposed flood hazard determinations within Madison County, Virginia and Incorporated Areas. These flood hazard determinations may include the addition or modification of Base Flood Elevations, base flood depths, Special Flood Hazard Area boundaries or zone designations, or the regulatory floodway. Technical information or comments are solicited on the proposed flood hazard determinations shown on the preliminary FIRM and/or FIS report for Madison County, Virginia and Incorporated Areas. These flood hazard determinations are the basis for the floodplain management measures that your community is required to either adopt or show evidence of being already in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program. However, before these determinations are effective for floodplain management purposes, you will be provided an opportunity to appeal the proposed information. For information on the statutory 90-day period provided for appeals, as well as a complete listing of the communities affected and the locations where copies of the FIRM are available for review, please visit FEMA's website at www.fema.gov/plan/prevent/fhm/bfe, or call the FEMA Map Information eXchange (FMIX) toll free at 1-877-FEMA MAP (1-877-336-2627).



State and county	Location and case No.	Chief executive officer of community	Community map repository	Online location of letter of map revision	Date of modification	Community No.
Cook	Village of Frank- lin Park (18– 05–6092P).	The Honorable Barrett F. Pedersen, Village Presi- dent, Village of Franklin Park, 9500 Belmont Av- enue, Franklin Park, IL 60131.	Village Hall, 9500 Bel- mont Avenue, Franklin Park, IL 60131.	https://msc.fema.gov/portal/ advanceSearch.	Aug. 2, 2019	17009
Will	Unincorporated Areas of Will County (18– 05–5975P).	The Honorable Lawrence M. Walsh, County Ex- ecutive, Will, County, Will County Office Building, 302 North Chi- cago Street, Joliet, IL 60432.	Land Use Department, 58 East Clinton Street, Suite 100, Joliet, IL 60432.	https://msc.fema.gov/portal/ advanceSearch.	Jul. 12, 2019	17069
Will	Village of Romeoville (18-05-5975P).	The Honorable John D. Noak, Mayor, Village of Romeoville, 1050 West Romeo Road, Romeoville, IL 60446.	Village Hall, 1050 West Romeo Road, Romeoville, IL 60446.	https://msc.fema.gov/portal/ advanceSearch.	Jul. 12, 2019	17071*
Minnesota: Dakota  Nevada:	City of Lakeville (18-05-4867P).	The Honorable Douglas P. Anderson, Mayor, City of Lakeville, 20195 Holyoke Avenue, Lakeville, MN 55044.	City Hall, 20195 Holyoke Avenue, Lakeville, MN 55044.	https://msc.ferna.gov/portal/ advanceSearch.	Aug. 5, 2019	270107
Clark	City of Las Vegas (18–09– 1695P).	The Honorable Carolyn G. Goodman, Mayor, City of Las Vegas, City Hall, 495 South Main Street, Las Vegas, NV 89101.	Planning and Zoning Department, 333 North Rancho Drive, Las Vegas, NV 89106.	https://msc.fema.gov/portal/ advanceSearch.	Aug. 1, 2019	325276
Clark	Unincorporated Areas of Clark County (18– 09–1695P).	The Honorable Marilyn Kirkpatrick, Chair, Board of Commis- sioners, Clark County, 500 South Grand Cen- tral Parkway, 6th Floor, Las Vegas, NV 89106.	Clark County, Office of the Director of Public Works, 500 South Grand Central Parkway, 2nd Floor, Las Vegas, NV 89155.	https://msc.fema.gov/portal/ advanceSearch.	Aug. 1, 2019	320003
New York: Rock- land.	Town of Clarkstown (19–02–0292P).	The Honorable George Hoehmann, Supervisor, Town of Clarkstown, Town Hall, 10 Maple Avenue, New City, NY 10956.	Town Hall, 10 Maple Avenue, New City, NY 10956.	https://msc.fema.gov/portal/ advanceSearch.	Sep. 27, 2019	360679
Ohio: Franklin	City of Grove City (18–05– 5403P).	The Honorable Richard L. Stage, Mayor, City of Grove City, City Hall, 4035 Broadway, Grove City, OH 43123.	City Hall, 4035 Broadway, Grove City, OH 43123.	https://msc.fema.gov/portal/ advanceSearch.	Jul. 19, 2019	390173
Wisconsin: Kenosha	City of Kenosha (18-05-5192P).	The Honorable John M. Antaramian, Mayor, City of Kenosha, City Hall, 625 52nd Street, Room 300, Kenosha, WI 53140.	City Hall, 625 52nd Street, Kenosha, WI 53140.	https://msc.fema.gov/portal/ advanceSearch.	Jul. 17, 2019	550209
Milwaukee	City of Mil- waukee (18– 05–6243P).	The Honorable Tom Bar- rett, Mayor, City of Mil- waukee, 200 East Wells Street, Room 201, Mil- waukee, WI 53202.	City Hall, 200 East Wells Street, Milwaukee, WI 53202.	https://msc.fema.gov/portal/ advanceSearch.	Aug. 2, 2019	550278

[FR Doc. 2019–08697 Filed 4–29–19; 8:45 am]
BILLING CODE 9110–12-P

## DEPARTMENT OF HOMELAND SECURITY

## Federal Emergency Management Agency

[Docket ID FEMA-2019-0002; Internal Agency Docket No. FEMA-B-1921]

## Proposed Flood Hazard Determinations

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Notice.

SUMMARY: Comments are requested on proposed flood hazard determinations, which may include additions or modifications of any Base Flood Elevation (BFE), base flood depth, Special Flood Hazard Area (SFHA) boundary or zone designation, or regulatory floodway on the Flood Insurance Rate Maps (FIRMs), and where applicable, in the supporting Flood Insurance Study (FIS) reports for the communities listed in the table below. The purpose of this notice is to seek general information and comment

regarding the preliminary FIRM, and where applicable, the FIS report that the Federal Emergency Management Agency (FEMA) has provided to the affected communities. The FIRM and FIS report are the basis of the floodplain management measures that the community is required either to adopt or to show evidence of having in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP). In addition, the FIRM and FIS report, once effective, will be used by insurance agents and others to calculate appropriate flood insurance premium rates for new

buildings and the contents of those buildings.

**DATES:** Comments are to be submitted on or before July 29, 2019.

ADDRESSES: The Preliminary FIRM, and where applicable, the FIS report for each community are available for inspection at both the online location https://www.fema.gov/preliminary floodhazarddata and the respective Community Map Repository address listed in the tables below. Additionally, the current effective FIRM and FIS report for each community are accessible online through the FEMA Map Service Center at https://msc.fema.gov for comparison.

You may submit comments, identified by Docket No. FEMA-B-1921, to Rick Sacbibit, Chief, Engineering Services Branch, Federal Insurance and Mitigation Administration, FEMA, 400 C Street SW, Washington, DC 20472, (202) 646-7659, or (email) patrick.sacbibit@fema.dhs.gov.

FOR FURTHER INFORMATION CONTACT: Rick Sacbibit, Chief, Engineering Services Branch, Federal Insurance and Mitigation Administration, FEMA, 400 C Street SW, Washington, DC 20472, (202) 646–7659, or (email) patrick.sacbibit@fema.dhs.gov; or visit the FEMA Map Information eXchange (FMIX) online at https://www.floodmaps.fema.gov/fhm/fmx\_main.html.

SUPPLEMENTARY INFORMATION: FEMA proposes to make flood hazard determinations for each community listed below, in accordance with section

110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR 67 4(a)

These proposed flood hazard determinations, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own or pursuant to policies established by other Federal, State, or regional entities. These flood hazard determinations are used to meet the floodplain management requirements of the NFIP and are used to calculate the appropriate flood insurance premium rates for new buildings built after the FIRM and FIS report become effective.

The communities affected by the flood hazard determinations are provided in the tables below. Any request for reconsideration of the revised flood hazard information shown on the Preliminary FIRM and FIS report that satisfies the data requirements outlined in 44 CFR 67.6(b) is considered an appeal. Comments unrelated to the flood hazard determinations also will be considered before the FIRM and FIS report become effective.

Use of a Scientific Resolution Panel (SRP) is available to communities in support of the appeal resolution process. SRPs are independent panels of experts in hydrology, hydraulics, and other pertinent sciences established to

review conflicting scientific and technical data and provide recommendations for resolution. Use of the SRP only may be exercised after FEMA and local communities have been engaged in a collaborative consultation process for at least 60 days without a mutually acceptable resolution of an appeal. Additional information regarding the SRP process can be found online at https://www.floodsrp.org/pdfs/srp\_overview.pdf.

The watersheds and/or communities affected are listed in the tables below. The Preliminary FIRM, and where applicable, FIS report for each community are available for inspection at both the online location https:// www.fema.gov/preliminary floodhazarddata and the respective Community Map Repository address listed in the tables. For communities with multiple ongoing Preliminary studies, the studies can be identified by the unique project number and Preliminary FIRM date listed in the tables. Additionally, the current effective FIRM and FIS report for each community are accessible online through the FEMA Map Service Center at https://msc.fema.gov for comparison.

(Catalog of Federal Domestic Assistance No. 97.022, "Flood Insurance.")

#### Michael M. Grimm,

Assistant Administrator for Risk Management, Department of Homeland Security, Federal Emergency Management Agency.

listed below, in accordance with section—other pertinent scien	nces established to Agency.		
Community	Community map repository address		
	a and Incorporated Areas iminary Date: March 15, 2019		
City of Creola	City Hall, 9615 Old Highway 43, Creola, AL 36525. City Hall, Engineering Department, 205 Government Street, Mobile, AL 36644. City Hall, 933 Saraland Boulevard South, Saraland, AL 36571. City Hall, 5464 Old Highway 43, Satsuma, AL 36572. Mobile County Government Plaza, Department of Public Works, Engineering Department, 205 Government Street, Mobile, AL 36644.		
	ma and Incorporated Areas ninary Date: January 16, 2019		
City of Norman	City Hall, Public Works Department, 201 West Gray Street, Building A, Norman, OK 73069. Public Works Department, 420 West Main Street, Suite 700, Oklahoma City, OK 73102.		
	ylvania (All Jurisdictions) minary Date: August 30, 2018		
Borough of Laceyville	Municipal Building, 342 Church Street, Laceyville, PA 18623. Municipal Building, 154 Oak Street, Meshoppen, PA 18630. Municipal Building, 126 Warren Street, Tunkhannock, PA 18657. Braintrim Municipal Building, 220 Main Street, Laceyville, PA 18623. Eaton Municipal Building, 1331 Hunter Highway, Tunkhannock, PA 18657.		

Community	Community map repository address			
Township of Exeter	Exeter Municipal Building, 2690 Sullivans Trail, Falls, PA 18615.			
Township of Falls	Municipal Building, 220 Buttermilk Road, Falls, PA 18615.			
Township of Mehoopany	Municipal Building, 237 Schoolhouse Road, Mehoopany, PA 18629.			
Township of Meshoppen	Municipal Building, 527 Benninger Road, Meshoppen, PA 18630.			
Township of Northmoreland	Northmoreland Municipal Building, 15 Municipal Lane, Dallas, PA 18612.			
Township of Tunkhannock	Municipal Building, 113 Tunkhannock Township Drive, Tunkhannock, PA 18657.			
Township of Washington	Washington Municipal Building, 184 Keiserville Road, Tunkhannock, PA 18657.			
Township of Windham	Windham Municipal Building, 149 Palen Street, Mehoopany, PA 18629			
	a and Incorporated Areas liminary Date: July 23, 2018			
Unincorporated Areas of Madison County	Madison County Administrative Center, 414 North Main Street, Mad son, VA 22727.			
	jinia and Incorporated Areas liminary Date: July 23, 2018			
Town of Washington Unincorporated Areas of Rappahannock County	Town Hall, 485 Gay Street, Washington, VA 22747. Rappahannock County Zoning Administrator Office, 311H Gay Street, Washington, VA 22747.			

[FR Doc. 2019-08730 Filed 4-29-19; 8:45 am] BILLING CODE 9110-12-P

## DEPARTMENT OF HOMELAND SECURITY

## Federal Emergency Management Agency

[Docket ID FEMA-2019-0002; Internal Agency Docket No. FEMA-B-1920]

## Proposed Flood Hazard Determinations

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Notice.

**SUMMARY:** Comments are requested on proposed flood hazard determinations, which may include additions or modifications of any Base Flood Elevation (BFE), base flood depth, Special Flood Hazard Area (SFHA) boundary or zone designation, or regulatory floodway on the Flood Insurance Rate Maps (FIRMs), and where applicable, in the supporting Flood Insurance Study (FIS) reports for the communities listed in the table below. The purpose of this notice is to seek general information and comment regarding the preliminary FIRM, and where applicable, the FIS report that the Federal Emergency Management Agency (FEMA) has provided to the affected communities. The FIRM and FIS report are the basis of the floodplain management measures that the community is required either to adopt or to show evidence of having in effect in order to qualify or remain qualified

for participation in the National Flood Insurance Program (NFIP). In addition, the FIRM and FIS report, once effective, will be used by insurance agents and others to calculate appropriate flood insurance premium rates for new buildings and the contents of those buildings.

**DATES:** Comments are to be submitted on or before July 29, 2019.

ADDRESSES: The Preliminary FIRM, and where applicable, the FIS report for each community are available for inspection at both the online location https://www.fema.gov/preliminary floodhazarddata and the respective Community Map Repository address listed in the tables below. Additionally, the current effective FIRM and FIS report for each community are accessible online through the FEMA Map Service Center at https://msc.fema.gov for comparison.

You may submit comments, identified by Docket No. FEMA-B-1920, to Rick Sacbibit, Chief, Engineering Services Branch, Federal Insurance and Mitigation Administration, FEMA, 400 C Street SW, Washington, DC 20472, (202) 646-7659, or (email) patrick.sacbibit@fema.dhs.gov.

FOR FURTHER INFORMATION CONTACT: Rick Sacbibit, Chief, Engineering Services Branch, Federal Insurance and Mitigation Administration, FEMA, 400 C Street SW, Washington, DC 20472, (202) 646–7659, or (email) patrick.sacbibit@fema.dhs.gov; or visit the FEMA Map Information eXchange (FMIX) online at https://www.floodmaps.fema.gov/fhm/fmx\_main.html.

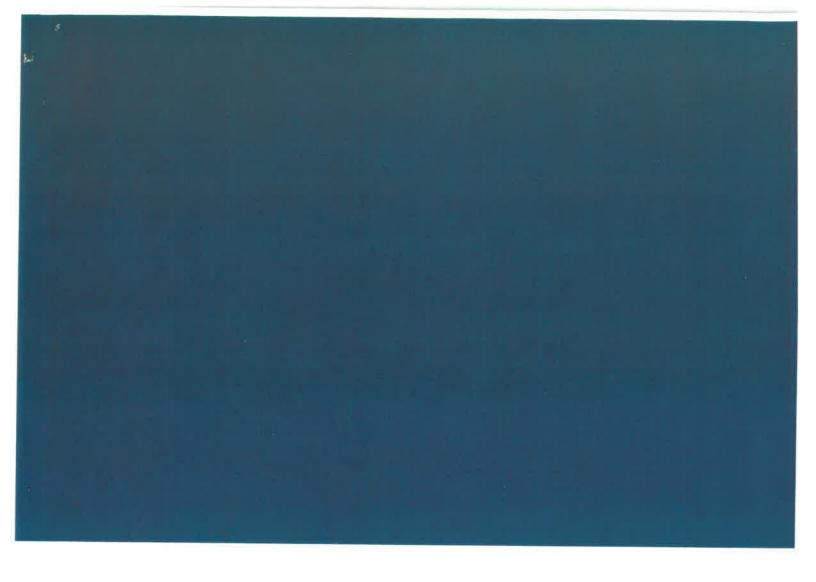
supplementary information: FEMA proposes to make flood hazard determinations for each community listed below, in accordance with section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR

These proposed flood hazard determinations, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own or pursuant to policies established by other Federal, State, or regional entities. These flood hazard determinations are used to meet the floodplain management requirements of the NFIP and are used to calculate the appropriate flood insurance premium rates for new buildings built after the FIRM and FIS report become effective.

The communities affected by the flood hazard determinations are provided in the tables below. Any request for reconsideration of the revised flood hazard information shown on the Preliminary FIRM and FIS report that satisfies the data requirements outlined in 44 CFR 67.6(b) is considered an appeal. Comments unrelated to the flood hazard determinations also will be considered before the FIRM and FIS report become effective.

Use of a Scientific Resolution Panel (SRP) is available to communities in support of the appeal resolution process. SRPs are independent panels of

173



# Criteria for Appeals of Flood Insurance Rate Maps

November 30, 2011



- 13

This document outlines the criteria for appealing proposed changes in flood hazard information on Flood Insurance Rate Maps (FIRMs) during the appeal period. The Department of Homeland Security's Federal Emergency Management Agency (FEMA) applies rigorous standards in developing and updating flood hazard information and provides communities with an opportunity to review the updated flood hazard information presented on new or revised FIRMs before they become final.

## 1. Background

The regulatory requirements related to appeals are found in Part 67 of the National Flood Insurance Program (NFIP) regulations. Additional FEMA procedural details are provided in Procedure Memorandum No. 57, Expanded Appeals Process, dated November 30, 2011. Detailed information on appeals can also be found in Appeals, Revisions, and Amendments to National Flood Insurance Program Maps—A Guide for Community Officials and FEMA's Document Control Procedures Manual. All referenced documents are accessible through the "Guidance Documents and Other Published Resources" webpage, located at: http://www.fema.gov/plan/prevent/fhm/frm\_docs.shtm.

As outlined in these documents, an appeal period is provided for all new or modified flood hazard information shown on a FIRM, including additions or modifications of any Base (1-percent-annual-chance) Flood Elevation (BFE), base flood depth, Special Flood Hazard Area (SFHA) boundary or zone designation, or regulatory floodway. SFHAs are areas subject to inundation by the base (1-percent-annual-chance) flood and include the following SFHA zone designations: A, AO, AH, A1-A30, AE, A99, AR, AR/A1-A30, AR/AE, AR/AO, AR/AH, AR/A, VO, V1-V30, VE, and V. Therefore, a statutory 90-day appeal period is required when a flood study, Physical Map Revision (PMR), or Letter of Map Revision (LOMR) is proposed in which:

- New BFEs or base flood depths are proposed or currently effective BFEs or base flood depths are modified;
- New SFHAs are proposed or the boundaries of currently effective SFHAs are modified;
- New SFHA zone designations are proposed or currently effective SFHA zone designations are modified; and
- New regulatory floodways are proposed or the boundaries of currently effective floodways are modified.

Clarification on the necessity for an appeal period is provided for certain specific circumstances outlined below:

• Edge matching of effective floodplain boundaries or information. This usually occurs in first-time countywide flood mapping projects when effective BFEs, base flood depths,

SFHAs, or floodways are extended to an adjacent community that previously had differing or no BFEs, base flood depths, SFHAs, or floodways shown on their effective FIRM in order to fix a map panel to map panel mismatch. In these instances, **an appeal period is required** because BFEs, base flood depths, SFHAs, or floodways are changing or being shown for the first time in the area.

- Redelineation of effective floodplain boundaries. This occurs when an effective SFHA boundary is redrawn on the FIRM using new or updated topography to more accurately represent the risk of flooding. In these instances an appeal period is required because the SFHA boundary is changing. However, the appeal period will only apply to the updated SFHA boundary delineations, not the methodology used to originally establish BFEs/flood depths (since this will not have changed).
- Revisions to SFHA zone designations. A revision to an SFHA zone designation may occur with or without a BFE and/or boundary change. For example, when a Zone VE floodplain is changed to a Zone AE designation to reflect the updated location of a Primary Frontal Dune (PFD), the BFE and SFHA boundary may not necessarily change. For any change in SFHA zone designation, including the removal of an SFHA designation from a FIRM, an appeal period is required.
- Regulatory floodway boundaries. When the effective floodway boundary is redrawn on the FIRM to more accurately represent the extent of the encroachment, an appeal period is required.
- MT-1 cases. When the SFHA or floodway boundary is amended due to the issuance of a
  Letter of Map Amendment (LOMA), Letter of Map Revision based on Fill (LOMR-F),
  Letter of Map Revision Floodway, or other MT-1 case, an appeal period is not
  required.
- Annexation of effective floodplain boundaries. When a new or revised FIRM shows new community boundaries which include effective BFEs, base flood depths, SFHAs, or floodways, an appeal period is not required, provided no BFE, base flood depth, SFHA, or floodway changes apply.
  - However, in cases where the flood hazard information in the annexed area has never received due process (for example, if the area is shown for information only on all FIRMs depicting the area), an appeal period is required.
- Reissuance of effective LOMRs: When a LOMR is reissued after not being incorporated into a revised FIRM, an appeal period is not required.

- Updates that do not impact flood hazard data: When flood studies, PMRs, or LOMRs result in changes to FIRMs that do not impact BFEs, base flood depths, SFHAs, or floodways, an appeal period is not required.
- <u>Datum Conversions</u>: **An appeal period is not required** specifically for a datum conversion (e.g., a conversion from NGVD 29 to NAVD 88).

#### 1.1. Additional Procedures for LOMRs

Beginning with LOMRs issued on or after December 1, 2011, the following procedures will apply:

In order to provide sufficient due process rights for changes due to LOMRs, any LOMR in a compliant community that requires an appeal period will become effective 120 days from the second newspaper publication date, following FEMA's current policy. This allows time to collect appeals, as well as provides for newspaper publication schedule conflicts. LOMRs in non-compliant communities or in communities that require adoption of the LOMR will become effective following the six month compliance period.

Evidence of public notice or property owner notification of the changes due to a LOMR will continue to be requested during the review of the LOMR request. This will help to ensure that the affected population is aware of the flood hazard changes in the area and the resultant LOMR. However, evidence of property owner acceptance of the changes due to a LOMR will no longer be requested. Because all LOMRs that require an appeal period will become effective 120 days from the second newspaper publication date, the receipt of such acceptance will have no effect on the effective date of the LOMR; therefore, there is no need for the requester to pursue acceptance.

## 2. Appeal Eligibility Requirements

Areas that are eligible for appeal include:

- · Areas showing new or revised BFEs or base flood depths
- Areas showing new or revised SFHA boundaries (including both increases and decreases in the extent of the SFHA)
- Areas where there is a change in SFHA zone designation
- Areas showing new or revised regulatory floodway boundaries (including both increases and decreases in the extent of the regulatory floodway).

The area of concern must be within the scope of the new or modified BFEs, base flood depths, SFHA boundaries, SFHA zone designations, and/or regulatory floodway boundary changes and

be supported by scientific and/or technical data. The criteria for data submittals are outlined in Title 44, Chapter 1, Code of Federal Regulations, Section 67.6(b) and in this document.

The statutory 90-day appeal period cannot be extended. FEMA may provide an additional 30 days for a community after the 90-day appeal period has ended to submit supporting and clarifying data for an appeal received during the appeal period. No appeals will be accepted after the 90-day appeal period.

Challenges that do not relate to new or modified BFEs, base flood depths, SFHA boundaries, SFHA zone designations, or floodways are not considered appeals. Challenges received by FEMA during the appeal period that do not address these items will be considered comments. Comments include, but are not limited to the following:

- The impacts of changes that have occurred in the floodplain that should have previously been submitted to FEMA in accordance with 44 Code of Federal Regulations, Section 65.3;
- Corporate limit revisions;
- Road name errors and revisions;
- Requests that changes effected by a LOMA, LOMR-F, or LOMR be incorporated;
- Base map errors; and
- Other possible omissions or potential improvements to the mapping.

Any significant problems identified by community officials or residents (at formal meetings or otherwise) will be addressed appropriately.

## 3. Supporting Data and Documentation Required for Appeals

The BFEs and base flood depths presented in Flood Insurance Study (FIS) reports and shown on FIRMs are typically the result of coastal, hydrologic and hydraulic engineering methodologies. Floodway configurations, generally developed as part of the hydraulic analyses, are adopted by communities as a regulatory tool for floodplain management and are delineated on FIRMs along with SFHAs.

Because numerous methodologies have been developed for estimating flood discharges and flood elevations/depths, and other flood hazard information under a variety of conditions, FEMA contractors, mapping partners, and others whose data and documentation FEMA approves and uses, such as communities, regional entities and State agencies participating in the Cooperating Technical Partners (CTP) Program, use their professional judgment in selecting methodologies that are appropriate for the conditions along a particular segment of a particular flooding source.

For FEMA contracted flood studies and PMRs the approach to be used will usually be discussed with community officials at the beginning of the flood study or PMR mapping process.

Because the methodologies are the result of attempts to reduce complex physical processes to mathematical models, the methodologies include simplifying assumptions. Usually, the methodologies are used with data developed specifically for the flood study, PMR, or LOMR. Therefore, the results of the methodologies are affected by the amount of data collected and the precision of any measurements made.

Because of the judgments and assumptions that must be made and the limits imposed by cost considerations, the correctness of the BFEs, base flood depths and other flood hazard information is often a matter of degree, rather than absolute. For that reason, appellants who contend that the BFEs, base flood depths, or other flood hazard information is incorrect because better methodologies could have been used, better assumptions could have been made, or better data could have been used, must provide alternative analyses that incorporate such methodologies, assumptions, or data and that quantify their effect on the BFEs, base flood depths or other flood hazard information. FEMA will review the alternative analyses and determine whether they are superior to those used for the flood study, PMR, or LOMR and whether changes to the FIS report and/or FIRM, or LOMR are warranted as a result.

Unless appeals are based on indisputable mathematical or measurement errors or the effects of natural physical changes that have occurred in the floodplain, they must be accompanied by all data that FEMA needs to revise the preliminary version of the FIS report and FIRMs. Therefore, appellants should be prepared to perform coastal, hydrologic and hydraulic analyses, to plot new and/or revised Flood Profiles, and to delineate revised SFHA zone and regulatory floodway boundaries as necessary.

An appeal must be based on data that show the new or modified BFEs, base flood depths, SFHA boundaries, SFHA zone designations, or floodways to be scientifically or technically incorrect. All analyses and data submitted by appellants must be certified by a Registered Professional Engineer or Licensed Land Surveyor, as appropriate. The data and documentation that must be submitted in support of the various types of appeals are discussed in the subsections that follow.

# 3.1. Appealing BFEs, Base Flood Depths, SFHA Zone Designations, or Regulatory Floodways

Scientifically incorrect BFEs, base flood depths, SFHA zone designations, or regulatory floodways:

Proposed BFEs, base flood depths, SFHA zone designations, or regulatory floodways are said to be scientifically incorrect if the methodology used in the determination of the BFEs,

base flood depths, SFHA zone designations, or regulatory floodways is inappropriate or incorrect, or if the assumptions made as part of the methodology are inappropriate or incorrect. An appeal that is based on the proposed BFEs, base flood depths, SFHA zone designations, or regulatory floodways being scientifically incorrect would, therefore, contend that the use of a different methodology or different assumptions would produce more accurate results. A list of National Flood Insurance Program-accepted hydrologic, hydraulic and coastal models is available on FEMA's website at

http://www.fema.gov/plan/prevent/fhm/en modl.shtm. To show that an inappropriate or incorrect coastal, hydraulic or hydrologic methodology has been used, an appellant must submit the following data, as applicable:

- New hydrologic analysis based on alternative methodology and if applicable, updated hydraulic/floodway or coastal analyses based on the updated discharge values;
- New hydraulic/floodway analysis based on alternative methodology and original flood discharge values (if the appeal does not involve the hydrologic analysis);
- New coastal analyses based on alternative methodology and original stillwater elevations (if the appeal does not involve the hydrologic analysis);
- Explanation for superiority of alternative methodology;
- As applicable, revised Summary of Discharges Table, Flood Profiles, Transect Data Table, Summary of Stillwater Elevations Table, and Floodway Data Table (FDT); and
- Revised SFHA zone boundaries and, if applicable, regulatory floodway boundary delineations.

# Technically Incorrect BFEs, Base Flood Depths, SFHA Zone Designations, or Regulatory Floodways:

The proposed BFEs, base flood depths, SFHA zone designation or regulatory floodways are said to be technically incorrect if at least one of the following is true.

- The methodology was not applied correctly.
  - To show that a <u>hydrologic methodology</u> was not applied correctly, an appellant must submit the following:
    - New hydrologic analysis in which the original methodology has been applied differently;
    - Explanation for superiority of new application;
    - New hydraulic/floodway or coastal analysis based on flood discharge values from new hydrologic analysis;

- Revised Summary of Discharges Table and/or Flood Profiles and, if applicable, FDT; and
- Revised SFHA zone boundary and, if applicable, regulatory floodway boundary delineations.
- O To show that a <u>hydraulic methodology</u> was not applied correctly, an appellant must submit the following information. (*Please note that an appeal to a floodway configuration cannot be solely based on surcharge values.*)
  - New hydraulic/floodway analysis, based on original flood discharge values, in which the original methodology has been applied differently;
  - As applicable, revised Flood Profiles, FDT and other FIS report tables as needed; and
  - Revised SFHA zone boundary and, if applicable, regulatory floodway boundary delineations.
- O To show that a <u>coastal methodology</u> was not applied correctly, an appellant must submit the following:
  - New coastal analysis, based on the original stillwater elevations, in which the original methodology has been applied differently;
  - Revised SFHA zone boundary and, all applicable FIS report tables, including the Transect Data Table.
- The methodology was based on insufficient or poor-quality data.
  - To show that insufficient or poor-quality <u>hydrologic data</u> were used, an appellant must submit the following:
    - Data believed to be better than those used in original hydrologic analysis;
    - Documentation for source of data;
    - Explanation for improvement resulting from use of new data;
    - New hydrologic analysis based on better data;
    - New hydraulic/floodway or coastal analysis based on flood discharge values resulting from new hydrologic analysis;
    - Revised Summary of Discharges Table, Flood Profiles and, if applicable, FDT; and
    - Revised SFHA zone boundary and, if applicable, regulatory floodway boundary delineations.
  - To show that insufficient or poor-quality <u>hydraulic data</u> were used, an appellant must submit the following:

- Data believed to be better than those used in original hydraulic analysis;
- Documentation for source of new data;
- Explanation for improvement resulting from use of new data;
- New hydraulic analysis based on better data and original flood discharge values;
- Revised Flood Profiles and, if applicable, FDT; and
- Revised SFHA zone boundary and, if applicable, regulatory floodway boundary delineations.
- o To show that insufficient or poor-quality <u>coastal analysis data</u> were used, an appellant must submit the following:
  - Data believed to be better than those used in original coastal analysis;
  - Documentation for source of new data;
  - Explanation for improvement resulting from use of new data;
  - New coastal analysis based on better data and original stillwater elevation values; and
  - Revised SFHA zone boundary and, all applicable FIS report tables, including the Transect Data Table.
- The application of the methodology included indisputable mathematical or measurement errors.
  - To show that a <u>mathematical error</u> was made, an appellant must identify the error.
     FEMA will perform any required calculations and make the necessary changes to the FIS report and FIRM.
  - To show that a <u>measurement error</u> (e.g., an incorrect surveyed elevation used in the flood study, PMR, or LOMR) was made, appellants must identify the error and provide the correct measurement. Any new survey data provided must be certified by a Registered Professional Engineer or Licensed Land Surveyor. FEMA will perform any required calculations and make the necessary changes to the FIS report and FIRM.
- The methodology did not account for the effects of natural physical changes that have occurred in the floodplain.
  - o For appeals based on the effects of natural physical changes that have occurred in the base floodplain, appellants must identify the changes that have occurred and provide the data FEMA needs to perform a revised analysis. The data may include new stream channel and floodplain cross sections or coastal transects.

# 3.2. Appeals to SFHA Boundaries

The supporting data required for changes to SFHA zone boundaries will vary, depending on whether the boundaries are for flooding sources studied by detailed methods or flooding sources studied by approximate methods, as discussed below.

### Flooding sources studied by detailed methods

Usually, detailed SFHA zone boundaries are delineated using topographic data and the BFEs and base flood depths resulting from the hydraulic analysis performed for the flood study, PMR, or LOMR. If topographic data are more detailed than those used by FEMA or show more recent topographic conditions, appellants should submit that data and the revised SFHA zone boundaries for FEMA to incorporate into the affected map panels. All maps and other supporting data submitted must be certified by a Registered Professional Engineer or a Licensed Land Surveyor and must reflect existing conditions. Maps or data prepared by an authoritative source, such as the U.S. Army Corps of Engineers, U.S. Geological Survey, U.S. Bureau of Reclamation, or a State department of highways and transportation, are acceptable without certification as long as the sources and dates of the maps are identified. For further information on submittals involving topographic data, please refer to the section below Additional Guidance on Appeal Submittals Involving Topographic Data.

# Flooding Sources Studied by Approximate Methods

Usually, where BFEs or base flood depths are not available, flood zone boundaries are delineated with the best available data, including flood maps published by other Federal agencies, information on past floods, and simplified hydrologic and hydraulic analyses. If more detailed data or analyses are submitted, FEMA will use them to update the flood hazard information shown on the affected map panels. Such data and analyses may include the following:

- Published flood maps that are more recent or more detailed than those used by FEMA;
- Analyses that are more detailed than those performed by FEMA or that are based on more detailed data than those used by FEMA;
- · Topographic data and resulting updated SFHA boundaries.

For further information on submittals involving topographic data, please refer to the section below Additional Guidance on Appeal Submittals Involving Topographic Data.

Please note that, when applicable, appeals related to the *methodology* used to develop an approximate flood zone boundary must follow the guidelines established for appeals to BFEs, base flood depths, SFHA zone designations, or regulatory floodways under Section 3.1 above. However, since flood profiles, FDTs, Summary of Discharges Tables, Transect

Data Tables, and Summary of Stillwater Elevations Tables are not developed in support of approximate floodplain boundaries, these data will not need to be submitted for appeals to flooding sources studied by approximate methods.

All submitted data and analyses must be certified by a Registered Professional Engineer or a Licensed Land Surveyor. Maps prepared by an authoritative source, such as the U.S. Army Corps of Engineers, U.S. Geological Survey, U.S. Bureau of Reclamation, or a State department of highways and transportation, are acceptable without certification as long as the sources and dates of the maps are identified.

#### Additional Guidance on Appeal Submittals Involving Topographic Data

For appeal submittals that involve topographic data, the following additional guidelines must be followed:

- The data must be more detailed/accurate, and/or reflect more recent topographic conditions, and be in a digital Geographic Information System (GIS) format preferably;
- The appeal submittal must clearly state which flooding sources are being appealed based on the updated topographic data;
- Updated SFHA boundary delineations that reflect the submitted topographic data for each appealed flooding source must also be provided, preferably in digital GIS format;
- All topographic data submitted must adhere to FEMA's current data capture standards for such data;
- If necessary, a data sharing agreement must be provided.

# 4. Appeal Period Procedures

Appeals and comments must be resolved by following the procedures below:

- Acknowledgement by FEMA of the receipt of an appeal in writing, ensuring that acknowledged appeals include ALL of the criteria discussed above.
- Acknowledge the receipt of comments. This can be done either in writing, by FEMA, or
  through a documented phone conversation between the mapping partner and the
  community that submitted the comments. At a minimum FEMA must notify the
  community in writing that it did not receive any appeals. This can be done by separate
  correspondence or by the inclusion of language in the Letter of Final Determination
  (LFD).

- FEMA or the mapping partner will evaluate any scientific or technical data submitted for compliance with existing mapping statues, regulations, or Guidelines and Standards.
- FEMA or the mapping partner will request any additional scientific or technical data required to properly review the appeal or comment.
- FEMA or the mapping partner will make a recommendation to FEMA on the resolution of the appeal or comment.
- FEMA or the mapping partner will prepare a draft appeal resolution letter (if all the criteria for an appeal are met).
- The assigned mapping partner shall dispatch the signed FEMA appeal resolution letter
  and if warranted, Revised Preliminary copies of the FIRM and FIS report to the
  community CEO and floodplain administrator and all appellants. All correspondence
  must be prepared and issued on FEMA Headquarters or FEMA Regional letterhead.
- FEMA provides a comment period of 30 days following the date the appeal or comment resolution letter is issued. Any comments received during the 30 day comment period must be addressed and resolved before proceeding with the LFD. Extensions to this 30 day period can only be granted with FEMA Headquarters approval.

# 5. General Technical Guidance

Detailed guidance on the supporting documentation that must be submitted in support of an appeal can be found in Appeals, Revisions, and Amendments to National Flood Insurance Program Maps—A Guide for Community Officials.

Unless appeals are based on the use of alternative models or methodologies, the hydrologic and hydraulic analyses that appellants submit must be performed with the models used for the flood study, PMR, or LOMR. Generally, when appellants are required to submit hydrologic or hydraulic analyses, those analyses must be performed for the same recurrence interval floods as those performed for the flood study, PMR, or LOMR. The vertical datum used in any data submitted must match the datum used in the preliminary FIS report and FIRM. Further, SFHA boundaries are to be shown on a topographic map (preferably, in digital form) whose scale and contour interval are sufficient to provide reasonable accuracy.

New flooding information cannot be added to a FIRM in such a way as to create mismatches with the flooding information shown for unrevised areas. Therefore, in performing new analyses and developing revised flooding information, appellants must tie the new BFEs, base flood

depths, SFHA boundaries, SFHA zone designations, and/or regulatory floodway boundaries into those shown on the maps for areas not affected by the appeal.

All analyses and data submitted by appellants, including those that show mathematical or measurement errors must be certified by a Registered Professional Engineer or Licensed Land Surveyor, as appropriate.

# 6. Scientific Resolution Panel (SRP)

FEMA's Scientific Resolution Panel (SRP) process reinforces FEMA's commitment to work with communities to ensure the flood hazard data depicted on FIRMs is built collaboratively using the best science available.

When changes to the FIRMs are met with conflicting technical and scientific data, an independent third party review of the information may be needed to ensure the FIRMs are updated correctly. The SRP serves as the independent third party. To be eligible for an SRP, an appeal must include supporting information or data to substantiate that the BFEs, base flood depths, SFHA boundaries, SFHA zone designations, or floodways proposed by FEMA are scientifically or technically incorrect. An SRP request is an option only after FEMA and a local community have been engaged in a collaborative consultation process for at least 60 days without a mutually-acceptable resolution of an appeal.

# **OVERVIEW**

# SCIENTIFIC RESOLUTION PANELS

The Federal Emergency Management Agency (FEMA), through its flood hazard mapping program, Risk MAP (Risk Mapping, Assessment, and Planning), identifies flood hazards, assesses flood risks, and partners with states, tribes and local communities to provide accurate flood hazard and risk data to guide them in taking effective mitigation actions. The resulting National Flood Insurance Program (NFIP) maps provide the basis for community floodplain management regulations and flood insurance requirements.

#### What is a Scientific Resolution Panel?

FEMA's Scientific Resolution Panel (SRP) process reinforces FEMA's commitment to work with communities to ensure the flood hazard data depicted on Flood Insurance Rate Maps (FIRMs) are developed collaboratively, using the best science available.

Flood hazards are constantly changing, and FEMA updates FIRMs through several methods to reflect those changes. When proposed changes to a FIRM are met with conflicting technical and/or scientific data during a regulatory appeal period, an independent third-party review of the information may be appropriate. An SRP serves as an independent third party.

The SRP process benefits both FEMA and the community:

- It offers a neutral review process by independent third parties.
- It confirms FEMA's commitment to using the best science for the purpose of accurately depicting flood hazards on flood maps.
- It provides an additional opportunity for resolving community appeals involving conflicting technical and/or scientific data.

While FEMA had previously established an SRP process, the Biggert-Waters Flood Insurance Reform Act of 2012 formally established a statutory SRP process. The *Appeal and Comment Processing Guidance for Flood Risk Analysis and Mapping*, which incorporates the legislative requirements for the SRP, is available at www.fema.gov/guidelines-and-standards-flood-risk-analysis-and-mapping.

#### For Additional Information

For more information on appeals, see the FEMA document Appeals, Revisions, and Amendments to National Flood Insurance Program Maps: A Guide for Community Officials at <a href="https://www.fema.gov/media-library/assets/documents/17930">www.fema.gov/media-library/assets/documents/17930</a>

Part 67 of the NFIP regulations, which pertains to appeals, is available at <a href="http://www.fema.gov/guidance-documents-other-published-resources">http://www.fema.gov/guidance-documents-other-published-resources</a>

FEMA's Guidelines and Standards for Flood Risk Analysis and Mapping webpage includes the Appeal and Comment Processing Guidance for Flood Risk Analysis and Mapping: www.fema.gov/guidelines-and-standardsflood-risk-analysis-and-mapping

## Templates and Other Resources:

www.fema.gov/medialibrary/assets/documents/32786?id=7577

#### Other Important Links:

- NIBS Scientific Review Panel website: www.floodsrp.org/
- Risk MAP: www.fema.gov/risk-mappingassessment-and-planning-risk-map
- Information on Recent and Upcoming Map Changes: <a href="https://www.fema.gov/status-map-change-requests">www.fema.gov/status-map-change-requests</a>
- Flood Insurance: www.floodsmart.gov

#### RISK MAPPING, ASSESSMENT, AND PLANNING PROGRAM (RISK MAP)

The Federal Emergency Management Agency's Risk MAP Program delivers quality data that increases public awareness and leads to action to reduce risk to life and property. Risk MAP is a nationwide program that works in collaboration with states, tribes, and local communities using best available science, rigorously vetted standards, and expert analysis to identify risk and promote mitigation action, resulting in safer, more resilient communities.









## Who Can Request an SRP?

A community, tribe, or other political entity with the authority to adopt and enforce floodplain ordinances for the area under its jurisdiction can request that FEMA use an SRP when conflicting technical and/or scientific data have been presented. For additional information, review the *Appeal and Comment Processing Guidance for Flood Risk Analysis and Mapping* at www.fema.gov/guidelines-and-standards-flood-risk-analysis-and-mapping.

# When Can Communities Request an SRP?

A community can request an SRP if the following requirements have been met:

- ▶ It has not yet received a Letter of Final Determination (LFD) from FEMA.
- Conflicting technical and/or scientific data, submitted during the 90-day appeal period, resulted in different flood hazards than those proposed by FEMA.
- At least 60 days of community consultation with FEMA (but no more than 120 days) have taken place.

Additionally, a community that receives a FEMA-issued resolution letter and has not previously exercised the SRP process will have 30 days from the issuance of the letter to request an SRP.

# **Independent Panel Sponsor**

The SRP process is managed by the National Institute for Building Sciences (NIBS), a non-profit organization independent of FEMA. NIBS will administer the SRPs, ensuring that proper guidelines and procedures are employed and maintaining a cadre of experts from which panel members are selected.

#### Panel Member Selection

Five panelists are convened for each appeal brought to the SRP request. Panel members are technical experts in surface water hydrology, hydraulics, coastal engineering, and other engineering and scientific fields that relate to the creation of FIRMs and Flood Insurance Studies (FIS) throughout the United States.

Based on the technical challenges associated with each request, NIBS develops a list of potential members with relevant expertise, from its cadre of experts. NIBS also checks that those listed are available to serve, do not reside in the state from which the appeal or data were filed, and have no personal or professional interest in its findings for the flood risk project.

NIBS provides the list to the community and FEMA to select the panel members. The community selects at least the simple majority (three), and FEMA selects the remaining panel members from the short list of cadre members, based on the technical challenges of the appeal or data submittal.

2 June 2016





190

#### The Process

To request a review by an SRP, the community's Chief Executive Officer or designee completes an SRP Request Form and submits it to FEMA during the time periods outlined above. Once FEMA confirms that the situation and the conflicting technical and/or scientific data are eligible for an SRP, it forwards the SRP Request Form to NIBS, which will initiate the panel selection process and develop a list of potential members.

Once the panel is convened, panel members are provided with a summary of the issue, FEMA's data, and the data the community submitted during the 90-day appeal period. Panel members review the data and, on a point-by-point basis, deliberate and make a decision based on the scientific and/or technical challenges.

If the community feels it is necessary to make an oral presentation in support of its request, it must include a justification on the SRP Request Form.

#### Resolution

The panel must present its written report to the community and FEMA within 90 days of being convened, and that report will be used by the FEMA Administrator for making the final determination. A panel determination must be in favor of either FEMA or the community on each distinct element of the dispute, and the panel may not offer any alternative determination as a resolution. In the case of a dispute submitted by the community on behalf of an owner or lessee of real property in the community, the panel determination must be in favor of either FEMA, the community, or the owner/lessee on each distinct element of the dispute.

If changes to the maps are recommended in the panel's determination, and FEMA elects to implement the panel's determination, FEMA will incorporate the changes into a revised Preliminary FIRM and, if appropriate, FIS report. The revised products will be available to the community for review, with a resolution letter, before FEMA issues an LFD.

Once the SRP provides its determination and FEMA issues its resolution letter to implement the recommendations, the SRP recommendations are binding on all appellants and not subject to judicial review.

If the FEMA Administrator elects not to accept the panel's findings, the Administrator will issue a written justification within 60 days of receiving the report from the SRP. Under these circumstances, the appellants maintain their right to appeal FEMA's final determination to the appropriate Federal District Court.

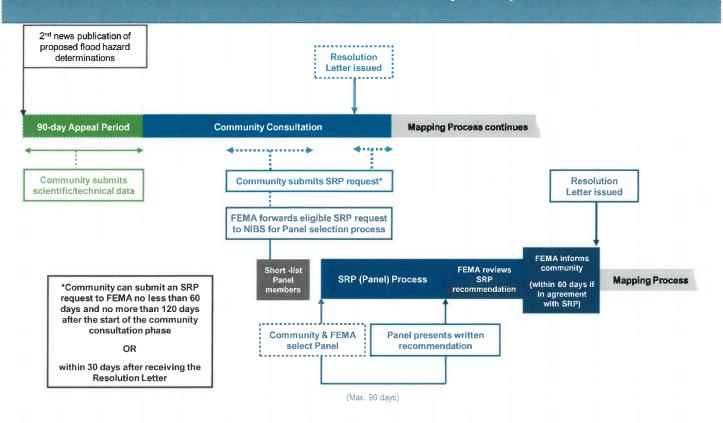
3 June 2016





Figure 1: SRP Timeline

# FEMA Flood Mapping Scientific Resolution Panel (SRP) Timeline



4

# **Item Attachment Documents:**

13. Consideration of Motions to Enter, Exit and Certify a Closed Session (Personnel, Real Estate Disposition, Contract Negotiation)

I move that the Board convene in a closed session pursuant to Virginia Code Sections:

- 2.2-3711(A)(1) for the discussion on the employment, assignment, appointment, promotion, performance, demotion, salaries, disciplining, and resignation of specific County employees,
- 2.2-3711(A)(7) for the discussion or consideration of the disposition of publicly held real property, where discussion in an open meeting would adversely affect the bargaining position or negotiating strategy of the public body, and
- 2.2-3711(A)(29) for discussion of the award of a public contract involving the expenditure of public funds and discussion of the terms or scope of such contract, where discussion in an open session would adversely affect the bargaining position or negotiating strategy of the Board.

	Foster	Jackson	Hoffman	McGhee	Weakley
Motion:					
Second:					
"Aye":					
"Nay":					
Absent:					

#### **Motion to Reconvene In Open Session:**

I move that the Board re-convene in open session.

	Foster	Jackson	Hoffman	McGhee	Weakley
Motion:					
Second:					
"Aye":					
"Nay":					
Absent:					

#### **Motion to Certify Compliance:**

I move to certify by roll-call vote that only matters lawfully exempted from open meeting requirements pursuant to Virginia Code Sections 2.2-3711(A) (1, 7 & 29), only matters that were identified in the motion to convene in a closed session were heard, discussed or considered in the closed meeting.

	Foster	Jackson	Hoffman	McGhee	Weakley
Motion:					
Second:					
"Aye":					
"Nay":					
Absent					

#### § 2.2-3711. Closed meetings authorized for certain limited purposes. (Excerpts)

A. Public bodies may hold closed meetings only for the following purposes:

**Personnel** 1. Discussion, consideration, or interviews of prospective candidates for employment; assignment, appointment, promotion, performance, demotion, salaries, disciplining, or resignation of specific public officers, appointees, or employees of any public body; and evaluation of performance of departments or schools of public institutions of higher education where such evaluation will necessarily involve discussion of the performance of specific individuals. Any teacher shall be permitted to be present during a closed meeting in which there is a discussion or consideration of a disciplinary matter that involves the teacher and some student and the student involved in the matter is present, provided the teacher makes a written request to be present to the presiding officer of the appropriate board. Nothing in this subdivision, however, shall be construed to authorize a closed meeting by a local governing body or an elected school board to discuss compensation matters that affect the membership of such body or board collectively.

**Real Estate** 3. Discussion or consideration of the acquisition of real property for a public purpose, or of the disposition of publicly held real property, where discussion in an open meeting would adversely affect the bargaining position or negotiating strategy of the public body.

**Privacy** 4. The protection of the privacy of individuals in personal matters not related to public business.

**Economic Development** 5. Discussion concerning a prospective business or industry or the expansion of an existing business or industry where no previous announcement has been made of the business' or industry's interest in locating or expanding its facilities in the community.

Legal 7. Consultation with legal counsel and briefings by staff members or consultants pertaining to actual or probable litigation, where such consultation or briefing in open meeting would adversely affect the negotiating or litigating posture of the public body. For the purposes of this subdivision, "probable litigation" means litigation that has been specifically threatened or on which the public body or its legal counsel has a reasonable basis to believe will be commenced by or against a known party. Nothing in this subdivision shall be construed to permit the closure of a meeting merely because an attorney representing the public body is in attendance or is consulted on a matter

**Legal** 8. Consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel. Nothing in this subdivision shall be construed to permit the closure of a meeting merely because an attorney representing the public body is in attendance or is consulted on a matter.

**Public Safety** 19. Discussion of plans to protect public safety as it relates to terrorist activity or specific cybersecurity threats or vulnerabilities and briefings by staff members, legal counsel, or law-enforcement or emergency service officials concerning actions taken to respond to such matters or a related threat to public safety; discussion of information subject to the exclusion in subdivision 2 or 14 of § 2.2-3705.2, where discussion in an open meeting would jeopardize the safety of any person or the security of any facility, building, structure, information technology system, or software program; or discussion of reports or plans related to the security of any governmental facility, building or structure, or the safety of persons using such facility, building or structure.

**Negotiations** 29. Discussion of the award of a public contract involving the expenditure of public funds, including interviews of bidders or offerors, and discussion of the terms or scope of such contract, where discussion in an open session would adversely affect the bargaining position or negotiating strategy of the public body.

**Economic Development** 39. Discussion or consideration of information subject to the exclusion in subdivision 3 of § 2.2-3705.6 related to economic development.